



Student Name: _____

ID# _____

One University Circle, Turlock, CA 95382
Telephone (209) 667-3336 Fax (209) 664-7064

www.csustan.edu/financialaid

Request for Waiver of Campus Parking Fee

The campus parking fee may be waived for students with disabilities who have financial need as identified on the Free Application for Federal Student Aid. Incomplete responses will delay processing and may be cause for denial of this request. Temporary placards are not likely to qualify for a fee waiver. Waivers must be requested each semester (fall, spring, or summer).

Name: _____

Term for which waiver is requested: _____

Address: _____

License Plate Number: _____ ST: _____

City: _____ ST: _____

Placard Number: _____ ST: _____

Telephone Number: _____

Placard Expiration Date: _____

ID Number: _____

Vehicle Description: _____

A. Demonstrated Financial Need

1. You must have a current Financial Aid Award Offer and a complete financial aid file for the appropriate academic year.
2. You have demonstrated financial need for the fee waiver if your total award offer is less than your calculated financial need. Calculated financial need is the difference between your estimated cost of attendance and your expected family contribution (EFC). Your EFC is calculated by the federal processor.
3. Student loans will be counted in your total award offer even if you declined them or requested less than your full eligibility. (This does not apply to PLUS (Parent) Loans.)
4. If you have not applied for financial aid, apply on-line at www.fafsa.ed.gov as soon as possible. Submit your fee waiver request as soon as your award offer is in place and you have completed your financial aid file.

B. Valid Disabled Person Parking Placard or Plates

1. You must provide a copy of the letter from the Department of Motor Vehicles (DMV) that accompanied your placard or plates, or you may provide a copy of your vehicle registration if it designates disabled.

C. Certification

1. I certify that all information reported on this application is true, complete and accurate to the best of my knowledge.

Signature

Date

OFFICE USE ONLY

Placard Information must be verified by person signing below.

- Applied for Financial Aid: Evaluated as having no financial need. **Ineligible for waiver.**
- Applied for Financial Aid: Evaluated as having financial need. **Eligible for waiver.**

Signature

Date

Name of Financial Aid Official