Department of Public Safety
Parking Permit Cancellation Form (Student)

Date_____

Last Name First Name Middle

Student ID#/USF ID# **(Required)** Permit Number

Permit Type: **Full-Time** **Part-Time** **Evening** **One Day**

Reasoning for cancellation of permit? (Leave of absence, etc.)

- ❑ If paid via credit card, cancellation of your parking permit will be processed on the day of the return. Refunds will be processed according to the day of return. A 30% administrative fee will be deducted from refund.

  Circle one: **Visa** **Mastercard** **Discover**

  _____ _____ _____
  Card Number **Expiration Date** **CV Code**

- ❑ If paid via cash or check, cancellation of your parking permit will be processed on the day of the return. Refunds will be processed according to the day of return. A 30% administrative fee will be deducted from refund. A check will be issued from the University of San Francisco to you in a minimum of ten business days.

Signature Date

Manager Authorization Signature (Department of Public Safety)