

Student Parking Fee Waiver Request Form

Name		_ H number	
Cell number		Academic y	ear
Semester: Fall	Spring	_ Summer	
Your reason for requ	esting the Parkin	g Fee Waiver:	
Do not have a vehicle	e on campus		
Other			
that all cars that park on ca	ampus other than visi ICUPD within ten (10	tors must have an)) days if my vehic	and correct, and I understand official University parking le status changes. All requests
Student signature		Date submitted	
******	This Area for (**************************************
Action: Waiver is (Circle	one): Approved	Denied	
Authorized by			Date//
Account adjusted by			Date//

Official HCU Police Form 06.06.2023

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