Georgia State University | UNIVERSITY HOUSING
DIVISION OF STUDENT AFFAIRS

PARKING CANCELLATION REQUEST FORM

P.O. Box 3973
Atlanta, GA 30302-3973

Phone: 404/413-1800
Fax: 404/413-1803

Date of Request: _____

Please check one: ☐ Summer _____ ☐ Fall/Spring _____ ☐ Spring _____

Name: _____
Last Name First Name MI

Panther ID #: _____

Email Address: _____@student.gsu.edu

Decal # _____ (if applicable)

Room Assignment: _____ Mailbox #_____

Please note: I am submitting this request to cancel my parking space at the Georgia State University Commons. I understand that by signing this Parking Cancellation Request Form that I will be charged for the number of days for which I had parking and that I am subject to a cancellation fee of $80.

_____ _____
Student Signature Date

Updated 3/30/10