

PARKING CANCELLATION REQUEST FORM

University Housing

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

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

Please check one: Summer 2009 Fall 2009/Spring 2010 Spring 2010

Name: _____ Date of Request: _____
Last Name First Name

Panther ID #: _____

Email Address: _____@student.gsu.edu

Decal # _____

Commons Address: _____ Mailbox # _____
Building Room

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.

Please note:

Student Signature

Date