Kent State University College of Podiatric Medicine
PARKING TERMINATION FORM

CLASS YEAR: _______________ EFFECTIVE DATE: _______________

BANNER ID: _______________ SEMESTER: _______________

NAME (last,first): ____________________________________________

SIGNATURE: _________________________________________________

VEHICLE MAKE: _______________ VEHICLE YEAR & MODEL: _______________

COLOR: _______________ LICENSE PLATE NO: _______________ STATE: ______

ISSUED BY ___________________________ DATE ___________________________

Place Hang Tag Here

If you waived parking last semester, please write "Waived Last Semester"

PLEASE NOTE:
KSUCPM does not maintain reciprocal parking agreements with the City of Independence or our neighboring businesses. KSUCPM students are NOT authorized to park in any other location than our lots while on campus. Parking off campus is done at your own risk and may subject you to fines and/or towing charges. All stickers must be turned in before credit is issued. Parking waivers must be renewed each semester.

Return completed form to Dan Ridgway