



AULTMAN COLLEGE STUDENT PARKING WAIVER FORM

Student ID Number: _____

Employee ID Number: _____

Department: _____

Semester: _____

I am an Aultman College student and a current Aultman Hospital employee. I would like to waive the parking permit and parking fee distributed by Aultman College for the semester mentioned above. I understand that I will not have access to **student lot 11** OR **the free parking deck services for students** during this semester. I agree to park in the employee designated lots only.

Student Printed Name

Student Signature

Date

THIS FORM MUST BE TURNED IN TO THE FRONT DESK BY THE ADD/DROP DATE FOR EACH SEMESTER. NO FORMS WILL BE ACCEPTED LATE.