

Student Permit
Refund Request

Permit # _____

Name: _____

Address: _____

Royal ID #: _____

Cell Phone #: _____

Reason for refund request:

My signature on this request for a refund indicates I will:

- Permit must be returned to the Parking Services Office, Office 10, 100 University Ave., Scranton, PA 18510.
- I understand that any money owed the University for parking tickets, fines, fees etc. will reduce the refund amount I may be eligible to receive.

- By requesting and receiving any refund of the parking permit, I agree to abide by the University Parking regulations. I further understand that I am liable for any parking tickets or fines found in violation of University Parking regulations.

- Parking on City of Scranton streets is subject to the City of Scranton Parking Authority and Scranton Police Department.

Signature _____ Date _____