



REQUEST FOR PARKING CARD REFUND

(Refunds issued for re-useable gate cards)

NAME _____

Employee ID/Student ID# _____

DEPT/SCHOOL: _____

PARKING CARD# _____

THIS REQUEST MUST BE ACCOMPANIED BY THE PARKING CARD ASSIGNED TO THE REGISTERED INDIVIDUAL REQUESTING THE PARKING CARD REFUND OR PARKING CARD FEE WILL NOT BE REFUNDED.

Official Use Only

\$ _____
Amount

Parking Official

Date

Registrant's Signature: _____ Date: _____

Please mail parking gate card and this form to:

LSUHSC Parking
433 Bolivar Street, Room 158
New Orleans, LA 70112

List Current Mailing Address for refund check:

Address: _____

Email: _____