NOVA | Northern Virginia Community College

Parking Services: Permit Refund Request

Customer Information:

Name: _____   **Student ID / EMPLID**: _____

Address: _____
Street   City   State   Zip Code

Phone number: _____   **Email:** _____

License Plate: _____

Permit Purchased: ☐ **Online**   ☐ **Over the Counter:** ☐ CASH   ☐ CHECK   ☐ CREDIT/DEBIT CARD

Last 4 Digits of Credit Card*:   _____ _____ _____ _____   (Refunds must be processed to the credit card used to purchase the permit.)

Customer's Signature: _____

For Office Use Only:

☐ **Full Refund (Classes cancelled/moved off-campus/Letter of Exception)**

☐ **$10 Processing Fee**

Other: _____

Processed By: _____

Date: _____   **Campus:** _____

Approval Signature: _____

- - - - - - - - - - - - - - - - **Central Office Use Only** - - - - - - - - - - - - - - -

Purchase Date: _____   **Time:** _____

Processed By: _____   **Date:** _____