

PARKING PERMIT REFUND REQUEST FORM

Name:	T#:
Email Address:	
Signature:	Date:
Reason for Refund Request:	You must submit this form to:
Withdraw from University	Parking & Transportation Services
Graduated	Campus Box 5167 Cookeville, TN 38505
Other:	Roaden University Center Room 122
Fall semester full-term courses. After this deadline, the permit. No refunds will be accepted after the final purge is constitutions of the student account. Business Office. All refunds will follow the University refunds are based on the date on which all	completed for the Spring semester full-term. Faculty and staff refunds will be submitted to the
OFFICE USE ONLY:	Permit Number:
Accepted by: Refund Ar	mount: Date:
■ Verify original permit charge is on account	
☐ Pull up permit in AIMS. Permit>Permit Specific Tools>Refund or Exchange Permit	
Adjust refund amount, if needed. Verify refund amount and save	
☐ Check account to verify refund processed	
☐ Change permit status to "refund processed"	