

Northern Illinois University

CAMPUS PARKING SERVICES

SPECIAL PARKING PERMISSION

NAME: _____

STUDENT "Z" ID or EMPLOYEE ID:_____

ADDRESS: _____

TELEPHONE NO: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

WRITE REASON FOR SPECIAL PARKING CONSIDERATION BELOW. YOU MUST PROVIDE SPECIFIC AND VERIFIABLE FACTS THAT WILL SUBSTANTIATE YOUR REQUEST. ATTACH PERTINENT INFORMATION (CLASS SCHEDULE, WORK SCHEDULE, CHILD CARE SCHEDULE, ETC.) **NOTE:** SPECIAL PARKING REQUESTS MUST BE MADE EACH SEMESTER WITH NEW DOCUMENTATION.

[illegible]

I HEREBY AFFIRM THAT ALL ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:

DATE:

PARKING
OFFICE
COMMENTS

APPROVED	<input type="checkbox"/>	
DENIED	<input type="checkbox"/>	
SP. INSTRUCTIONS	<input type="checkbox"/>	DATE & SIGNATURE

DATE & SIGNATURE

NOTE: APPELLANT MAY REQUEST A PERSONAL APPEAL WITHIN 10 CALENDAR DAYS OF DENIAL DATE. A SECOND WRITTEN APPEAL MAY BE SUBMITTED IN LIEU OF PERSONAL APPEAL. THE DECISION OF THE PARKING APPEALS COMMITTEE IS FINAL.