



FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE

Parking Fee Waiver

Today's Date: _____

Student's Name: _____ Student I.D. Number: _____

This is a request that parking fees for term _____ be waived from my registration tuition. I will not be using any parking facility at any FCCJ campus or center during this term. I understand that this parking fee waiver only applies to the term specified above.

The deadline to apply for a parking fee waiver is the same as your earliest scheduled drop deadline date.

Student's Signature

Campus / Center Representative

Campus / Center

White (original) – Enrollment Services / Student Imaging Copy

Canary – Student's Copy

BRSR 22



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