



**DARE TO DO MORE**

## LaGuardia Community College Parking Refund Policy

- I) **Parking refund will ONLY be granted for the following reasons:**
- Class Withdrawals
  - Leave of Absence
  - Separation from employment
  - Change in mode of transportation
- II) **Parking Privileges:**
- All parking privileges will be revoked once the refund is approved.
- III) **Refund Request Period:**
- Annual Pass: Any time within the parking permit period.
  - Spring I and Fall I Passes: within the first two weeks of the semesters
  - Spring II and Fall II Passes: within the first week of the semesters
- IV) **Refund calculation method:**
- 100% refund: for request received prior to the starting date of the parking permit period.
  - Prorated refund: refund will be calculated from the date the refund request is received by the Office of Finance and Business until the end of the parking permit period.
- V) **Parking Refund Process and Required documentation:**
1. Complete the Parking Permit Refund Application Form
  2. Stating the reason of refund request
  3. Provide a copy of your parking receipt/proof of purchase. You may request this information from the Bursar Office (C – 110).
  4. Submit the completed application and the required documentation to the Office of Finance and Business (E-413), or via email: [Financeoffice@lagcc.cuny.edu](mailto:Financeoffice@lagcc.cuny.edu)
  5. Documents will be reviewed, and, if approved, a refund check will be mailed to the address provided on the application



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## Parking Permit Refund Application

Date: \_\_\_/\_\_\_/\_\_\_\_

TO BE COMPLETED BY APPLICANT:

**5-Digit Parking Access car ID # (first 5 digits on back of card):** \_ \_ \_ \_ \_

**Indicate the Permit Session and year the refund request is for.**

- Annual ( 20\_\_\_ / 20\_\_\_ )
- Fall I (20\_\_\_ ) ; Fall II (20\_\_\_ ) ; Spring I (20\_\_\_ ) ; Spring II (20\_\_\_ )

**Stating Reason for Refund Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (First Name & Last Name): \_\_\_\_\_

Address (City, State, & Zip Code): \_\_\_\_\_

[Where refund will be sent] \_\_\_\_\_

Telephone # (Best # to reach you): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

- \* I am (Check One):
- |  |  |
|--|--|
| <input type="checkbox"/> Faculty - Full-Time | <input type="checkbox"/> Staff - Full-Time   |
| <input type="checkbox"/> Faculty - Part-Time | <input type="checkbox"/> Staff- Part-Time    |
| <input type="checkbox"/> Student - Full Time | <input type="checkbox"/> Student - Part Time |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Business Office only**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of Finance and Business**

**Comment:** \_\_\_\_\_