



Minnesota State
Community and Technical College

AUTHORIZATION FOR PARKING FEE WAIVER

Student ID Number or Star ID: _____

Semester: _____

Campus: _____

Reason for requesting parking waiver: _____

By signing this form, I agree that I WILL NOT utilize M State parking lots and/or roadways. I also understand that if I park a vehicle on M State property that I will be subject to parking fines and/or towing without notice.

Signature: _____ Date: _____

Completed form can be emailed to BusinessServices@minnesota.edu or returned to Student Services on any campus.