



STUDENT PARKING PERMIT REIMBURSEMENT FORM
SD637-067 (11/30/15)

The below named student is requesting a reimbursement for the reason(s) described:

Name: _____ Date: _____

Address: _____

Phone #: _____ ACCT #: _____



Please provide a brief description of reason for reimbursement:

Parking permits must be returned to the HU Security Department before a reimbursement will be authorized. An HUSD Patrol Member can assist in removing your permit.

Dispatcher: _____ Date: _____

Amount of Reimbursement: \$ _____

Copy to: Business Office