



## **PARKING INFORMATION 2016-2017**

### **COST**

\$225 per semester or \$4.00 for two hours, \$7.00 for the day. Prices may be subject to change.\*

### **CAMPUS REGULATIONS**

**BOTH a DMV placard and a SFSU permit must be displayed when parking in blue zone spaces.** To park in any of the lots located on campus, you **MUST** have an SFSU parking permit. If you have a DMV placard but do not display a campus permit while parked in a blue zone, you may be cited. Additionally, parking in an on-campus blue zone without a DMV placard or plate means a fine of \$275 or more. Parking is enforced 7 days a week, 24 hours a day.

### **OBTAINING A PARKING PERMIT THROUGH THE DPRC**

Students registered with the Disability Programs and Resource Center (DPRC) with a disability related need for parking, may purchase a permit or apply for a waiver of the parking fees. Proof of a DMV placard receipt or DP license plate, or documentation from a qualified medical professional is required.

Permits are only provided to students currently enrolled through the regular University or the College of Extended Learning (CEL) or with a letter from a thesis advisor.

### **WAIVER OF PARKING FEES**

Applications to waive the parking fee based on financial need are available at DPRC. Proof of a current DMV placard or DP plate is required.

### **DMV PLACARD OR DP PLATE HOLDERS**

Placard or DP plate holders may park in lots 2, 19 (excluding spaces designated 19A), 20 and 25 regardless of permit assignment. Parking within the blue zones in Lot 6 is also permitted.

### **LOT ASSIGNMENTS**

**Lot "All":** This permit allows access to Lots 2 through 25 with some restrictions (see below).

**Lot 2:** Lot 2 permit holders may park in any lot numbered 2 or higher as indicated below.

**Lot 6:** Lot 6 is a special reserved lot. A DMV placard or DP plate along with a permit allows parking in blue zones before 5 p.m. After 5 p.m. parking is also allowed in non-blue zones.

**Lot 19:** This permit allows you access to Lots 19, 20, and 25, excluding parking spaces marked 19A.

\*The CSU makes every effort to keep student costs to a minimum. Fees listed in published schedules or student accounts may need to be increased when public funding is inadequate. Therefore, CSU must reserve the right, even after fees are initially charged or initial fee payments are made, to increase or modify any listed fees. All listed fees, other than mandatory systemwide fees, are subject to change without notice, until the date when instruction for a particular semester or quarter has begun. All CSU listed fees should be regarded as estimates that are subject to change upon approval by the Board of Trustees, the Chancellor, or the Presidents, as appropriate. Changes in mandatory systemwide fees will be made in accordance with the requirements of the Working Families Student Fee Transparency and Accountability Act (Sections 66028 - 66028.6 of the Education Code).



**Vehicle and DMV Placard Information**

*Please note that this form only needs to be completed once unless updates need to be made*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Do you have a disability (DP) license plate?  YES  NO  
Do you have a DMV disability placard?  YES  NO  
If yes, indicate placard # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Registered owner of vehicle (if different from above): \_\_\_\_\_

**VEHICLE #1:** License Plate #: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_

**VEHICLE #2:** License Plate #: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**FOR OFFICE USE**

<b>TEMPORARY PARKING PERMITS</b> START/END DATES: _____ LOT#: _____ PAID \$: _____ WAIVER: _____ PERMIT # _____	<b>FULL SEMESTER PERMITS</b> SEMESTER/YEAR: _____ LOT: _____
<b>TEMPORARY PARKING PERMITS</b> START/END DATES: _____ LOT#: _____ PAID \$: _____ WAIVER: _____ PERMIT # _____	<b>FULL SEMESTER PERMITS</b> SEMESTER/YEAR: _____ LOT: _____
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<b>TEMPORARY PARKING PERMITS</b> START/END DATES: _____ LOT#: _____ PAID \$: _____ WAIVER: _____ PERMIT # _____	<b>FULL SEMESTER PERMITS</b> SEMESTER/YEAR: _____ LOT: _____



## **Eligibility Information for Parking Fee Waivers 2016 – 2017 Academic Year**

If you are a student with a verified disability and you meet the following criteria, you may be eligible for a parking permit fee waiver.

1. Register with Disability Programs and Resource Center.
2. Submit original proof to Disability Programs and Resource Center of a Disabled Person's license plate or placard issued under your name by the Department of Motor Vehicles. Note: Actual placards do not display the holder's name and so cannot be submitted as proof.

You are not eligible for a waiver if you receive assistance for parking fees from the Department of Rehabilitation or any other agency.

If you meet the above criteria, please submit a Request for Waiver of Campus Parking Fee form to Disability Programs and Resource Center in SSB 110.



**San Francisco State University  
2016 - 2017  
Request for Waiver of Campus Parking Fee**

The campus parking fee may be waived for students with disabilities who meet the eligibility standards based on the financial information provided on this form.

**Please print:** Name \_\_\_\_\_ SFSU I.D. # \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Semester for which waiver is requested \_\_\_\_\_

Address \_\_\_\_\_

License Plate: State \_\_\_\_\_ Number \_\_\_\_\_

Placard: State \_\_\_\_\_ Number \_\_\_\_\_

Are you a California State Dept: of Rehabilitation client? Yes / No

If yes, do you receive parking fee assistance? Yes / No

Have you applied for financial aid on this campus? Yes / No

If yes, attach a copy of your Financial Aid Award Letter.

**Section A – To be completed by all applicants**

Were you born before January 1, 1992? Yes\_\_\_\_\_ No\_\_\_\_\_

Are or were you an orphan or ward of the court until age 18? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you a graduate student? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you a Veteran of the U.S. Armed Forces? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you married? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have legal dependents (other than a spouse)? Yes\_\_\_\_\_ No\_\_\_\_\_

- **If you answered “yes” to any item in section A, complete section B and D**
- **If you answered “no” to all items above, complete section C and D**

**Section B- Financial information from applicant (and spouse)**

Total size of your household in 2015-2016 (include yourself, your spouse if married, and any other legal dependents, including children, who are living with you) \_\_\_\_\_

Applicant’s (and, if married, spouse’s) total 2015 income from all sources other than financial aid (include earnings from work and benefits such as SSI, vocational rehabilitation, veterans’ benefits, etc.) \$\_\_\_\_\_



**Section C- Financial information from applicant’s parents**

*If all answers in section A are “no” applicant’s parents must complete this section and sign the certification in section D.*

Total size of your parents’ household in 2015-2016 (include applicant, parents, dependent children, and other dependents). \_\_\_\_\_

- a. Parents’ adjusted gross income (AGI) for 2015 \$ \_\_\_\_\_
- b. Parents’ untaxed income and benefits for 2015 \$ \_\_\_\_\_
- Total (a + b) \$ \_\_\_\_\_

**Section D-Certification**

I/we certify that all information reported on this application is true, complete, and accurate to the best of my (our) knowledge.

Applicant’s signature	Date	
Spouse’s signature	Date	Spouse’s name (please print)
Parent/Guardian’s signature	Date	Parent/Guardian’s name (please print)
Parent/Guardian’s signature	Date	Parent/Guardian’s name (please print)

Return completed applications to Disability Programs and Resource Center in Building SS 110 for processing.

**-----Do not write below this text-----**

Office use only

Approved      Comments: \_\_\_\_\_  
 Denied      \_\_\_\_\_  
 By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Enrolled \_\_\_\_\_