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

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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_____________________