



# REQUEST FOR A CHANGE IN PARKING ASSIGNMENT

KU BUSINESS SERVICES • 107 ACADEMIC FORUM • KUTZTOWN, PA 19530  
610.683.4825 · parkingpermits@kutztown.edu

Transportation Services provides students the opportunity to request a change to their parking assignment when special documented circumstances exist that are essential to the welfare of the student. Special dispensations are allowed in the following circumstances:

- 1. Students employed on-campus performing duties assigned by the university which require the repeated use of a personal vehicle while parked in a specific area designated by KU Business Services.
- 2. Students employed off-campus that significantly affect a student's ability to safely get to work on time.
- 3. Personal safety concerns based upon experiences or course schedule.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

KU Email Address: \_\_\_\_\_ Campus/Local Address: \_\_\_\_\_

Total Credits Completed: \_\_\_\_\_  
DO NOT COUNT CURRENT CREDITS

Current Vehicle Permit Type: \_\_\_\_\_ Permit Number: \_\_\_\_\_

I am requesting permission for a change in my parking assignment to the following area: (select only one)

- |   |   |
|---|---|
| <input type="checkbox"/> South campus in C lots (near residence halls)    | <input type="checkbox"/> Both sides of campus         |
| <input type="checkbox"/> South campus in lot E2 (adjacent to Rec Center)  | <input type="checkbox"/> Fairgrounds parking lot      |
| <input type="checkbox"/> North campus in A lots (near academic buildings) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Near a specific building (please specify) _____  |   |

What are your specific reasons for requesting this change? Please provide a detailed response.

## SECTION TWO:

**Complete this step only if you are claiming employment related reasons for this request.**

OFF-CAMPUS EMPLOYMENT: If your employment is through a non-university employer, you must obtain a letter *on the company's letterhead* which includes your work schedule and responsibilities as well as your employer's name, email address and phone number of the business. The letter must be EMAILED to [parkingpermits@kutztown.edu](mailto:parkingpermits@kutztown.edu) from the employer's email address.

ON-CAMPUS EMPLOYMENT: If your employment is through Kutztown University or one of its contractors (Aramark, KUSSI, SGI, etc.) and requires you to regularly use your personal vehicle for business purposes, please have your employer email [parkingpermits@kutztown.edu](mailto:parkingpermits@kutztown.edu). The email must include: employer's name, department, and phone number and your name, student ID number, work schedule, and locations of work. The email should address why your employer feels you need a parking assignment close to their department in order to fulfill your employment responsibilities.

## SECTION THREE:

I am requesting a reassignment of parking privileges based upon the rationale provided on the other side of this form. I understand that if my request is approved, it is valid only as long as the information I provide is timely and valid. If the condition(s) under which I am requesting this change is/are no longer valid, I will forfeit this change and my parking assignment will revert to the one I was assigned at the beginning of the academic year.

By signing and submitting this document, I understand that Transportation Services may:

- Verify the information contained on this form prior to reassignment consideration
- Verify the ongoing nature of the conditions during the term of the reassignment
- Revoke my campus parking privileges should they determine the information to be false or invalid

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of your current course schedule.

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### FOR KU BUSINESS SERVICES USE ONLY

Submitted On: \_\_\_\_\_ Received By: \_\_\_\_\_

Begin: \_\_\_\_\_ End: \_\_\_\_\_ Lot Assignment(s): \_\_\_\_\_

Other Information: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Reviewed On: \_\_\_\_\_