EXHIBIT D

UNIVERSITY OF CALIFORNIA, SAN DIEGO
CANCELLATION/REFUND FORM

PARKING LOCATION  □ CAMPUS/SO  □ MEDICAL CENTER

TYPE OF CANCELLATION:  □ CANCEL PERMIT  □ CANCEL DEDUCTION  □ REFUND DEDUCTION  □ REFUND ONLY

NAME: ___________________________  LAST NAME  ___________________________  FIRST NAME  ___________________________  MIDDLE INITIAL

MAILING ADDRESS: ___________________________  STREET  ___________________________  CITY  ___________________________  STATE  ___________________________  ZIP CODE

REASON FOR REQUEST: ___________________________  ___________________________

□ I REQUEST CANCELLATION OF MY MONTHLY DEDUCTION FOR PAYMENT OF PARKING PRIVILEGES.

I certify that all valid parking permits issued in my name have been returned to the UCSD Parking & Transportation Services Office.

SIGNATURE: ___________________________  EMPLOYEE NO: ___________________________  DATE: ___________________________

FOR OFFICE USE ONLY

AUTHORIZED BY: ___________________________  REFUND DUE: $ ___________________________  DATE: ___________________________

CANCELLATION OF DEDUCTIONS TO BE EFFECTIVE: ___________________________  REF: ___________________________

DATE CANCELLED: ___________________________  APPLICATION PULLED: ___________________________  LOGGED: ___________________________

F-5 TYPED: ___________________________  AMT REQUESTED: ___________________________  F-5 REQUEST MAILED: ___________________________