EXHIBIT D

UNIVERSITY OF CALIFORNIA, SAN DIEGO
CANCELLATION/REFUND FORM

PERMIT RETURNED □ YES □ NO

PERMIT NO: __________________________

PARKING LOCATION □ CAMPUS/SC □ 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: ____________________________/__________________

DATE CANCELLED: ____________________________ APPLICATION PULLED: ____________________________ LOGGED: ____________________________

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