

# Application for Parking Refund Instructions

## General Instructions

Complete the form and route to appropriate administrator. Please continue reading this page for instruction details.

## DocuSign Powerform

This DocuSign Powerform identifies the individuals to whom the form is routed for signature.

- Fill out your name and campus email address.

### PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Your Role:  
**Requestor** \*

Your Name:

Your Email:

[Begin Signing](#)

## Accept DocuSign electronic agreement

Click the checkbox to agree to use electronic records and signatures and then click "Continue".

 Please read the <a href="#">Electronic Record and Signature Disclosure</a> . <input type="checkbox"/> I agree to use electronic records and signatures.	<input type="button" value="CONTINUE"/>	<input type="button" value="OTHER ACTIONS ▾"/>
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## Employee Information and Required Information

Fill out the required fields as indicated by the red boxes.

### CALIFORNIA STATE UNIVERSITY LONG BEACH

#### APPLICATION FOR PARKING REFUND

Email: [Cashiers@csulb.edu](mailto:Cashiers@csulb.edu)  
Phone Number: 562-985-1752

NAME: John Doe CAMPUS ID:  DATE: 5/10/2019

ADDRESS:  PHONE:

EMAIL: John.Doe@csulb.edu

THE UNIVERSITY'S POLICY ON REFUNDS IS THAT ALL PAYMENTS, WHICH WERE NOT ORIGINALLY PAID BY CREDIT CARD, WILL BE REFUNDED VIA E-REFUND. PLEASE CHECK YOUR STUDENT ACCOUNT TO MAKE SURE YOU HAVE A VALID BANK ACCOUNT SET UP TO RECEIVE YOUR REFUND. YOU CAN SIGN UP FOR E-REFUND AT <http://my.csulb.edu>.

I HEREBY REQUEST A REFUND AS INDICATED BELOW, LESS ANY AMOUNTS NOT REFUNDABLE BY STATE AND UNIVERSITY REGULATIONS. ALL REFUNDS ARE SUBJECT TO A \$10.00 REFUND PROCESSING FEE.

<b>THE REFUND REQUEST IS FOR</b>			
<b>PARKING FEES</b>	<b>PERMIT/CITATION#:</b> <input type="text" value="M012345678"/>	<b>TERM:</b> <input type="text" value="Fall"/> ▾	<b>YEAR:</b> <input type="text" value="2019"/>
<b>REASON FOR REQUESTING REFUND</b>			
<input type="checkbox"/>	WITHDRAWAL FROM UNIVERSITY		
<input type="checkbox"/>	FEE COLLECTED IN ERROR		
<input type="checkbox"/>	REDUCTION OF UNITS		
<input type="checkbox"/>	OTHER _____		

## Sign and complete DocuSign form

Click “Sign” to electronically sign the form.

Requestor's Signature  \_\_\_\_\_ Date: 5/10/2019

If this is your first time signing a DocuSign form, you will have the option to adopt a signature style or draw your own signature.

Click “Adopt and Sign” when done. Click "Finish" when done.

### Adopt Your Signature ×

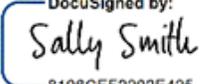
Confirm your name, initials, and signature.

\* Required

**Full Name\***  **Initials\***

**SELECT STYLE**   **DRAW**

**PREVIEW** Change Style

DocuSigned by:  

8196CEF2202E425...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

**ADOPT AND SIGN**   CANCEL

Optional: If desired, download or print a copy of the form for your records. Otherwise; click “Close”.

### Save a Copy of Your Document

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**Your document has been signed**

If you would like a copy for your records, click Download or Print and save.

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**DOWNLOAD**      **PRINT**      **CLOSE**