



Parking Citation Appeals Committee  
 Student Conduct and Academic Integrity  
 Student Center, 2<sup>nd</sup> Floor—Suite 253  
<http://www.kennesaw.edu/scai/>

1000 Chastain Road NW #0506  
 Kennesaw, GA 30144  
 Office (770) 499-3403  
 Fax (770) 499-3630

### Student Parking Citation Appeal Form

(Non-students should contact KSU Parking for appeals at the visitor center or House 48).

1. This form must be **fully** completed along with a **typed** letter, a **copy** of the citation and any additional documentation, and must be returned to Suite 253 in the Student Center (or the drop box outside the door) within 14 calendar days of the receipt of the citation.
2. Incomplete appeals forms **will not be considered**, including those lacking an attached **typed** letter or a **copy** of the citation. **Do not** attach the original citation.
3. **YOU MUST PAY THE CITATION** even if you are submitting an appeal to avoid the late fee that will be imposed if not paid within the 14 calendar days from the date the citation was issued. Please **do not** include payment with appeal form. The citation must be paid at the Bursar's Office in the Student Center.
4. The KSU Parking Citation Appeals Committee, made up of three people (one to two faculty and/or staff and student[s]), will review all appeals and make all the decisions during the meeting. The date for the meeting is posted on the drop box outside of the office. Attendance to the meeting is permitted on a first-come, first-serve basis, but **not** required.
5. Decisions will be emailed to your KSU email within two weeks after the meeting. Failure to provide your KSU email address will forfeit notification of results.
6. Refunds will be issued by check to the address listed on the appeal form if a student wins their appeal and has paid their citation.

**PLEASE PRINT LEGIBLY**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

KSU ID#: 000 \_\_\_\_\_ KSU Email: \_\_\_\_\_@students.kennesaw.edu

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_

**Parking Citation Information** (must fully be completed for appeal to be considered)

License Plate (State and Number): \_\_\_\_\_ Citation #: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Violation(s) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only:**

Committee Decision:                      No Fault                      Upheld                      Denied                      Rejected

Committee Comments: \_\_\_\_\_