



The University of Tennessee Health Science Center

STUDENT PARKING APPEAL

Student Information

Full Name: _____
Last *First*

College: _____ Student ID: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Appeal

Appeal Statement – Please explain the circumstances surrounding your citation and why you wish to appeal the violation(s). Feel free to use additional pages. Be sure to attach your citation to this form.

Signature

I certify that all information submitted in this form and in any supporting documents in support of my appeal is complete and true to the best of my knowledge. I understand that providing false and/or misleading information or failing to provide updated information can result in denial of my appeal or other disciplinary action.

Signature: _____ Date: _____

RETURN THIS FORM AND ANY ATTACHMENTS VIA EMAIL TO STUDENT CONDUCT & COMMUNITY STANDARDS – SCCS@UTHSC.EDU

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