PLEASE READ THE FOLLOWING FORM

Parking Appeal Procedure

To appeal a citation, one must fill out the Parking Appeal Form WITHIN SEVEN (7) CALENDAR DAYS OF THE DATE OF THE CITATION.

If you choose to appeal, the Parking Appeal Form must be COMPLETED ENTIRELY or the Student Conduct Board will be unable to review the appeal. Please PRINT NEATLY and LEGIBLY when completing the appeal packet to ensure a faster response from the board. The completed form MUST be returned to the Assistant Dean of Students located in the Wellness Center (Office 121) within SEVEN (7) days. Those on the Waycross Campus, may deliver the form to the Cashier’s Office who will email a copy to the Assistant Dean of Students.

It is not mandatory to appear before the committee. However, if you choose to appear before the committee, it MUST be noted in your narrative and it is your duty to appear at the scheduled hearing on your own behalf. The hearing WILL NOT be rescheduled.

The Board may review past records of parking violations and whether a decal was purchased in reaching their decision. When a decision has been reached, notification will be sent via SGSC email or, for visitors, the email that you have provided. The decision of the Student Conduct Board may ONLY be appealed to the Dean of Students.

You may postpone payment of the penalty while an appeal is in progress. Failure to pay a parking penalty will result in actions such as a “HOLD” being placed on a student’s grades and registration will be delayed, etc. Therefore, if either early or regular registration occurs while in the appeals process, you may pay the penalty in order for the hold to be removed. If the appeal is supported, a refund will be made.

If you choose not to file an appeal, the fine may be paid at the Cashier’s Office.

If you have any questions regarding your appeal or the appeals process, please contact:

Bud Drew
South Georgia State College
(912) 260-4221
Email: lawton.drew@sgsc.edu

This Area for SGSC Staff Member Completion Only:
Staff Member Initial and Date Returned: ________________
Date Submitted to Asst. Dean of Students: ________________
South Georgia State College Parking Appeal Form

Please Print Legibly

Name: ___________________________ Student ID Number: ______________________

Phone #: _________________________

**SGSC Email Address (if student/staff):** __________________________

Classification (Circle One): Faculty Staff Visitor Student

Current Decal Holder: Yes No Current Decal Number: ______________________

Vehicle Make__________________ Model__________________ License Plate Number: ______________________

Citation Number: ______________________

Charge(s) Listed: ______________________________________________________________

**Written Appeal**

Use the space provided below for stating the reason that you feel that the citation was given in error. Attach any photographic evidence to support your claim.

________________________________________________________________________________________

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Appellate Signature: __________________________ Date: ______________________

**PLEASE ATTACH A COPY OF YOUR PARKING CITATION**