

CITATION NUMBER: _____



Grayson College Police
6101 Grayson Drive
Denison, TX 75020-8299
(903) 463-8777

REQUEST FOR REVIEW/APPEAL OF PARKING CITATION

Name: _____ Student ID: _____

Address: _____

City, State Zip: _____

I request review/appeal of the above parking citation based upon the following information:

I swear the above to be true and correct to the best of my knowledge or recollection.

Signature: _____ Date Submitted: _____

Notice of Governmental Document-False statements submitted may be subject to state criminal penalties for perjury.

College Police Action: Probated to: _____

Approved with conditions: _____

Disapproved: _____