

**Student Government Association
University Court
Traffic Citation Appeal**

DATE: ___/___/___

I hereby make written appeal to the USI Student University Court, in accordance with the Student Government Association Constitution (within ten (10) class days of issued ticket).

Name: _____ Phone: () _____ Banner Student ID No.: _____

Ticket Number: _____ Date Issued: ___/___/___ Parking Tag Number: _____

License Number: _____ Location: _____ Violation: _____

Previous Appeal: ___Yes ___No

A COPY of the ticket you are appealing must be attached in order to have your appeal heard If you have any documentation to uphold your appeal, please attach. I wish to appeal for the following reasons: (Please print and be specific.)

Per Chapter VII of the Student Government Constitution Bylaws, the appeal must be received within ten class days of the ticket's issue date.

By signing below, I hereby certify to the University of Southern Indiana that the above information is true and correct to the best of my knowledge.

Signature: _____ Email Address: _____@usieagles.org

Mailing Address: _____ City _____ ST _____ Zip _____

The information stated above will be used in University Court proceedings. Falsification of information will result in conduct action under the University policy governing falsification of records.

FOR OFFICIAL USE ONLY:

APPEAL NUMBER: _____

Date Received: ___/___/___

Date Reviewed: ___/___/___

Date Notified: ___/___/___

Appeal Approved: _____ Appeal Disapproved: _____

Chief Justice: _____ A/D/Ab

Justice: _____ A/D/Ab Justice: _____ A/D/Ab

Justice: _____ A/D/Ab Justice: _____ A/D/Ab

Justice: _____ A/D/Ab Justice: _____ A/D/Ab

Univ. Court - White Copy Business Office - Yellow Copy Security - Pink Copy Appellant - Gold Copy