

PARKING AND TRANSPORTATION

LONG TERM VISITOR PARKING PERMIT REQUEST

Long term visitor permits are contingent upon approval by Virginia Tech Parking and Transportation staff and management

Personal Information (please print)

Date _____

Virginia Tech Identification Number _____ Name _____

Home Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Place of Employment _____

Work Address _____

☐ Original ☐ Replacement Specific Reason for Campus Visit _____

Location to be visited (Please be specific) _____

Number of Days on Campus per Week _____

Permit Needed From (MM/DD/YY) _____ To _____

Are you receiving any type of compensation from Virginia Tech (scholarships, grants, stipend, etc.) Please explain _____

Vehicle Information

Faculty, Staff, and Students are not eligible for Long Term Visitor permits

	License Plate	State	Vehicle Make	Vehicle Model	Color	Year
Vehicle						

I certify that the information provided on this form is correct to the best of my knowledge. I also understand that the misuse, resale, fabrication, alteration, and unauthorized transfer of this permit is illegal and may result in a \$150 fine. For any information or status changes, I will contact Parking and Transportation.

Signature _____ Date _____

For Office Use OnlyApproved ☐Denied ☐

Permit Number	Date Received	Taken By	Student <input type="checkbox"/>	Faculty/Staff <input type="checkbox"/>
Banner Checked	Ticket Balance	Affiliation	Expiration Date	
Replacement \$5	Add On	Payment Method	Picked up By	
Date	Issued By			