# VISITOR PARKING PERMIT REQUEST

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

_____    _____    _____    _____
Email                                    Home Phone              Cell Phone              Work Phone

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 Visitor permits

| License Plate | State | Make | Model | Color | Year |
|---|---|---|---|---|---|
|  |  |  |  |  |  |

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 an unauthorized use fine. For any information or status changes, I will contact Parking and Transportation.

_____          _____
**Signature**                                            Date

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**FOR OFFICE USE ONLY**

_____    _____    _____
Permit Number                      Permit Fee              Payment Method

_____    _____
Date                                    Issued By