



## 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 \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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	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 \_\_\_\_\_

**FOR OFFICE USE ONLY**  Approved  Denied

Permit Number \_\_\_\_\_ Date Received \_\_\_\_\_ Taken By \_\_\_\_\_  Student  Faculty/Staff

Banner Checked \_\_\_\_\_ Ticket Balance \_\_\_\_\_ Affiliation \_\_\_\_\_ Expiration Date \_\_\_\_\_

Replacement \$5 \_\_\_\_\_ Time Valid \_\_\_\_\_ Location Permit is Valid \_\_\_\_\_ Picked up by \_\_\_\_\_

Date \_\_\_\_\_ Issued By \_\_\_\_\_