



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 _____

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 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

Permit Number _____ Date Received _____ Taken By _____

Date _____ Issued By _____