

# Graduate Teaching Assistant Parking Permit Request

**PLEASE COMPLETE ALL INFORMATION AND PRINT LEGIBLY**

Name	Hokie Passport No.	Date
Home Address (Street)	(City, State)	(Zip Code)
Home Phone Number	Work Phone Number	Email Address

GTA Department	Department Mail Code
Contact Person	Contact Phone Number
Signature of GTA Supervisor, Department Head or Department Representative	

**Reason and Length of Time the Permit is Needed** (Include the class, lab, and office hours that this permit is needed for.)

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**Original**

**Replacement (\$5)**

*A Virginia Tech Parking Permit needs to be displayed along with this permit.*

Vehicle Information	License Plate	State	Vehicle Make	Vehicle 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 a \$110 fine. For any information or status changes, I will contact Parking Services so that they can make any corrections to my permit or file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Parking Services' Office Use Only

Permit Number

Date Received	Hokie Passport	Banner Checked	Date Issued
Approved		Denied	
Student Permit No.	Expiration Date	Days Valid	Times Valid
Replacement \$5	Check #	Cash	Hokie Passport
		Visa	MasterCard
Picked Up By		Date	Cashiers Initials