



Temporary Parking Permit Application

Name: _____ Date: _____

A #: _____ Cell Phone #: _____

Vehicle Make/Model: _____ License Plate #: _____

Classification: Visitor Student Faculty/Staff Library User

Continuing Education Region One Vendor Contractor

Other: _____

Reason for Request: _____

*As stated in the STC Traffic and Parking Rules and Regulations, I understand temporary parking permits will allow parking in **general** parking areas **ONLY**. Supporting documentation for temporary parking permit requests longer than 7 days is required.*

Requestors Signature

Date

Do Not Write Below This Line - For Department of Public Safety Use Only

Permit Purchased:	Yes	No	Permit #: _____
Banner Verification:	Yes	No	Comments: _____

Temp. Permit # Issued:	_____	First Previous Temp. Permits:	_____
Date Issued:	_____	Expiration Date:	_____ Issued By: _____

Department of Public Safety

Phone: 956-872-2589

Fax: 956-872-2372