



Short-Term Assistance Parking

Customer Information

Name: _____ Tech ID: _____

Phone: _____ Email: _____

License Plate Number: _____

Medical Issue Description: _____

Physician Providing Letter: _____ Physician Phone: _____

Drop-Off Information

(If you plan on having a relative or friend drop you off at an on-campus location for work or class)

Name: _____ Relationship: _____

Phone: _____ Email: _____

License Plate Number: _____ Texas Tech ID #: _____

Permission Information (to be filled out by TPS)

Permit Number: _____ Expiration Date: _____

Permission Start Date: _____ Permission End Date: _____

Access: DT (Drive-Through, or drive through the interior of campus weekdays from 7:30 a.m. to 5:30 p.m.)

XT (Extended Time, or park past posted time in free, timed spaces)

PP (Park-and-Pay, or excused from needing to pay to park in areas that require payment)

Other: _____

RH Student Only: Z1 Z2 Z3 Z4 Z5 Z6 Z7

Customer Agreement

This permission is provided on an as-needed basis when the amount of spaces on campus permits. The permission is temporary for the time indicated above, and it requires an active Texas Tech University parking ePermit for use. This temporary permission is issued at the sole discretion of Transportation and Parking Services. Spaces are not guaranteed with this permission. Any misuse, abuse, alteration, or false statement in regards to the permit may result in revocation of parking assistance, penalty, and disciplinary action. The customer is responsible for all citations issued to his or her vehicle.

Signature: _____ Date: _____