

# Departmental Visitor Scratch Off Permit Request Form

Form DVT 01  
Revised 08|26|2025

2025-2026

Please complete the below form in order to obtain requested VSP. VSP Permits allow for one-day of visitor parking at any valid university space at specified remote campuses (PRC, WPR, LAC, etc.) except AT ALL TIMES, ADA (unless the proper state disability plate or placard is displayed). **Faculty, staff, and students are prohibited from using these permits.** For the permit to be valid, the name of the permit user and the initials of the person issuing the permit must be written on the permit and the month, day, and year scratched off. Evidence of scratching off multiple days is considered an altered permit and vehicle is subject to citations Please refer to <https://afm.utexas.edu/hbp/part-9/1-9-use-of-university-funds-for-parking-expenditures> for more information pertaining to Event/VIP or parking fees paid with a University account number. Valid ONLY at Pickle Research Campus or West Pickle Research Campus. these are not valid on Main Campus. VSPs expire 4 years from issuance date Additionally, there are no refunds on VSP purchases. Contact PTS with questions: [PTS-AdminRequests@austin.utexas.edu](mailto:PTS-AdminRequests@austin.utexas.edu)

## Purpose of Tickets (you must select one)

- Multiple uses throughout the year (no more than 15 VSPs used per day)
- Single use for a special event (more than 15 people in one day)

For reserved parking for large events, please complete this form: <https://reservations.utexas.edu/>

Who will use parking permit? Check all that apply.

- UT Austin Faculty/Staff
- UT Austin Students(s)
- Guests (No Current UT Austin Affiliation)

Brief Explanation of Event/Parking need & Benefit to Account

## Account information

Account number:	Number of VSPs:
Estimated cost (Number of VSP X \$6):	
CSU:	
Department:	

## Contact information

Requestor Email Address:	Requestor EID:
Name of person authorized to pick up:	Pick up person's EID:
Signature of person picking up:	Pick up Trinity Cashier's Office:

## Authorized Signer



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Print Name:	Date:
Signature:	

