



**REQUEST FOR SPECIAL TEMPORARY PARKING PERMIT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

ID #: \_\_\_\_\_

Please state the reason for requesting a Special Temporary Parking Permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a note from your doctor attesting to the need, on the doctor's letter head, and submit both documents by email to [parking@lonestar.edu](mailto:parking@lonestar.edu) or by fax to (281) 618-7138. A temporary permit or justification for denial will be emailed to the address above within 2 business days.

I certify that the information in this report is true and correct.

\_\_\_\_\_  
Signature

<b>FOR OFFICE USE ONLY</b>	
Current Permit #: _____	Issue by: _____
Temp Permit #: _____	Date Issued: _____