SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

Parking Services – Special Request Form

Requesting Department/Group/School:	Date of Request:
	Phone Number: Event Contact Email:
Account Title/Budget Purpose Number:	Billing/Reporting Use Email:
Fiscal Officer/Delegate Signature:	
Request for Guest Virtual Permit(s) (non-university person	onnel) (\$3.00 per day, \$30.00 per semester requested)
Requested Lot(s):	Estimated Number of Guest Uses:
Date(s) and Time(s) Required:	
Request for Small Event Parking - Virtual Permits (Under	r 100 Guests) (non-university personnel only) (\$3.00 per use)
Name of Event:	
	Requested Lot(s):
Request for Large Event Parking - Suspension of Ticketin	g (Over 100 Guests) (\$100 per hour/per lot)
(Lot B - \$200 per hour for more than 250 guests, \$225 pe	er hour for lot buyout)
Name of Event:	
	Date(s) and Time(s) Required:
Special Request for New Employee Complimentary 2 We	eek Virtual Permit (no charge)
Employee Name:	Requested Lot(s):
	Vehicles Plate/State:
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Request for Use of LED Signage	
To request use of LED signage to support events	s, use LED Sign Request Form found here (https://www.siue.edu/
parking/pdf/LEDSignRequestFormsep2025.pdf)	
Request for Service Permit (permits issued are to be shall	red among department employees)
Department Name:	School/College:
	ment: Number of employees in department:
Additional Comments:	
Special Request Forms must be submitted AT	LEAST One (1) WEEK IN ADVANCE to Parking Services, Box 1044,
Room 1113, Rendleman Hall. You may fax request to: 618/650-3673 or Email request to: parking@siue.edu	
Questions may be direct	cted to Parking Services at 618/650-3680.
PARKING SERVICES ONLY:	
Approved: Signature:	Date:

_____Cost: _____

Denied: ______ Reason: ____