

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

## Request to Restrict Concealed Carry at an Event

University Department/Student Organization Name: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Title/Affiliation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Expected Attendance:

Undergraduate Students       General Public       Faculty/Staff

Graduate Students       Children Under Age 17

Event Title: \_\_\_\_\_ Event Description: \_\_\_\_\_

Describe why prohibiting the carrying of a concealed handgun by a license holder at the event location is necessary for campus safety. In other words, why is there a significant risk of substantial harm if a license holder carries a concealed handgun?

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval Recommended By:**

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

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**Approved:** \_\_\_\_\_

**Rejected:** \_\_\_\_\_

University President/CEO: \_\_\_\_\_ Date: \_\_\_\_\_