## **Request for Prohibition of Licensed Carry**

This form must be completed and approval granted by the President before 30.06 (Penal Code) Notice can be posted to prohibit licensed carry.

Requestor Information					
Name:					
UIN:					
Department:					
Email Address:					
individuals offices (Rul appropriate	may requested subsection accumulation accumu	st the President to a in 4.3.5); or [2] temp coording to your req rule, the President o	approve the proportion of the proportion of the proportion of the proportion of the provential of the	4.06.02.01, Carrying Concealed Handguns on Campus, hibition of licensed carry in two places: [1] in assigned ations (Rule subsection 4.3.3). Please complete the separate form for each room or area requested.  The prohibition of concealed carry in:  This is the substantial harm (see definitions in the rule); or	
2.	Temporary Basis Locations when it is necessary for campus safety.				
Room Number or Area	Building	Person Designated to Office or Area	Requested Duration of Prohibition	Justification (provide detailed information to support this request)	
Requestor Signature: Date:					
Vice President's Recommendation [SUPPORT OR DECLINE]:  Comments:					
President's Final Decision [SUPPORT OR DECLINE]:					
Signature: Date:					