

TERRA STATE COMMUNITY COLLEGE CAMPUS SAFETY

WEAPONS REGISTRATION FORM # CS.20.02

Home Address:	Office Address:
Cell Phone:	Office Phone:
Type of Weapon:	Model #:
Serial #:	Caliber:
Description:	State Permit #:
County Registered:	Qualification Date:

REQUEST FOR AUTHORIZATION TO POSSESS DEADLY WEAPONS ON CAMPUS

As stated in Terra State Community College's Deadly Weapons policy, any person possessing a firearm or an object that is indistinguishable from a firearm, without also possessing written permission from the governing board may be subject to prosecution.

Effective Date: _____

Description of Location of Weapon: _____

Rationale: _____

	Approved	Disapproved
Signature:	_____	_____

_____ **Date:** _____

Supervisor Title: _____

_____ **Date:** _____

_____ **Date:** _____

President

THIS PERSON IS RESPONSIBLE FOR CARRYING THIS COMPLETED FORM AT ALL TIMES WHEN IN POSSESSION OF THE LISTED FIREARM ON TERRA STATE COMMUNITY COLLEGE PROPERTY.

Revocation
Date: _____

Permission Revoked by: _____

