

Campus Safety Event Request Form

This form is to be filled out completely, printed, signed, and returned to the Director of Campus Safety no later than five (5) business days before the event.

Title of Event: _____ Date: _____

Description of Event: _____

Duration of Event*: _____

*If the duration falls between the hours of noon – 1pm or 5pm-6pm, meal options must be provided to staff.

Please note that requests submitted without five (5) business days notice may not be filled.

Staff Request**: Student Officers Number requested: _____

Professional Lieutenants Number requested: _____

****All final staffing decisions will be arranged by the Director of Campus Safety based on the information provided in this request.**

Parking Lots Reserved: Yes No

If yes, please indicate the lots: _____

Additional information: _____

Contact person: _____ Ext. _____

Department/Area: _____

Signature: _____ Date: _____



For Office Use Only

Date/Time Received: _____

Approved: Yes No

Signature: _____