



## **Form II.F.1: Request for Designation of Exclusion Zone**

Any individual may use this form to request that space within the College be officially designated as an exclusion zone. This form should be submitted to the Campus Carry Safety Advisory Committee at [CampusCarry@LoneStar.edu](mailto:CampusCarry@LoneStar.edu) at least 30 business days before the designation is necessary.

\_\_\_\_\_

Name of Requester Date

Type of designation requested:  Permanent  
 Temporary

Detailed description of space requested to be designated as an exclusion zone (attach additional sheets as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) why space should be designated as an exclusion zone (attach additional sheets as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any statement I make on this Form II.F.1 which is false, misleading, or not made in good faith may be grounds for discipline.

\_\_\_\_\_

Printed Name Signature Date

**For Office Use Only**      Date Received: \_\_\_\_\_

Receiving Employee: \_\_\_\_\_

Printed Name Signature