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 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 ___________________________