

Request for Prohibition of Licensed Carry

This form must be completed and approval granted by the Chancellor before a 30.06 Notice can be posted to prohibit licensed carry.

Requestor:

Name: _____

Campus/Department: _____

Email address: _____

As allowed by Blinn College Board policy CHF (LOCAL), individuals may request that the Chancellor approve the prohibition of licensed carry in single-occupant offices and other events or programs, if the requestor is able to show significant danger due to the presence of a concealed firearm.

Please complete the appropriate section according to your request.

Submit a separate form for each room or area requested.

Assigned offices for which the employee can demonstrate that the carrying of a concealed handgun by a license holder in the office presents significant danger:

Campus _____

Building _____

Room Number _____

Person Assigned to Office _____

Justification (provide detailed information to support this request).

Other Events and Programs for which the requestor can demonstrate that the carrying of a concealed handgun by a license holder in the area presents significant danger:

Campus _____

Building _____

Room Number _____

Justification (provide detailed information to support this request).

Requestor Signature: _____

Date: _____

Dean/Director Recommendation (if applicable):

Support: ____ Comments: _____

Decline: ____ Comments: _____

Signature: _____ Date: _____

Vice Chancellor Recommendation (if applicable):

Support: ____ Comments: _____

Decline: ____ Comments: _____

Signature: _____ Date: _____

Executive Vice Chancellor/General Counsel Recommendation:

Support: ____ Comments: _____

Decline: ____ Comments: _____

Signature: _____ Date: _____

Chancellor Decision

Approved: ____

Denied: ____

Signature: _____ Date: _____

****All considered requests should be submitted to the Office of the Executive Vice Chancellor/General Counsel upon completion. ****

For Use by the Blinn College Police Department:

Approved Request Received Date: _____

Individual Responsible for Securing and Posting Necessary Signage: _____

Permanent Signage:

Date Posted _____

Temporary Signage:

Date/Time Posted: _____

Date/Time Removed: _____