

Randolph Community College

Weapons on Campus Request Form

(This form must be completed, signed, and returned to the Director of College Safety and Emergency Preparedness (if the request is for the Asheboro Campus), the Dean of the Archdale Center (if the request is for the Archdale Campus), or the Director of the Emergency Services Training Center (if the request is for the Training Center) for any request to be exempt from the Randolph Community College Weapons Policy)

Requestor Name _____

Agency/Department _____

Weapon Type: Make/Model _____

Intended use of item (s) _____

Requested date (s) _____

Comments _____

I acknowledge by signing below I have read the Randolph Community College Weapons Policy and agree to abide by it. I further understand that any violation of the weapons policy could cause disciplinary actions from the college as well as criminal actions for any laws infringed.

Requestor's signature _____

Office Use Only

Date Rec'd	Approved	Randolph Community College Official
Comments		