

WEAPONS STORAGE/RELEASE FORM

To be filled out and signed by the student at the time of check-in, and initialed thereafter. To be cosigned by the Campus Security Officer on duty at the time.

NAME OF POSSESSOR: _____ **ADDRESS:** _____

CAMPUS OR CELL PHONE #: _____ **HOME PHONE #:** _____

NAME/CITY & STATE OF REGISTERED OWNER: _____

TYPE OF WEAPON/AMMUNITION: _____ **SERIAL NO IF APPLICABLE:** _____

REASON WEAPON ON CAMPUS: _____

DATE/TIME CHECK IN	DATE/TIME CHECKOUT NOTIFICATION	DATE/TIME CHECKOUT	ESTIMATED DATE/TIME CHECK IN	INITIALS

SECURITY SIGNATURE: _____

POSSESSOR SIGNATURE: _____

PERMANENT TERMINATION OF CAMPUS STORAGE DATE AND TIME: _____

A Campus Security Officer on duty shall make an entry on the Daily Log indicating weapon was stored or released.
Game animals killed while on hunting trips may not be brought back to campus.