

## Request for Temporary Adequate Security Measures

University of Kansas, Lawrence

### Application process:

1. Applications must be received no less than 4 weeks prior to the event.
2. Requestors will be provided notice of approval/disapproval in a timely manner.
3. Appeal of a denied application may be made to the Chancellor (or designee) who has ultimate authority to determine the location and longevity of adequate security measures at the University.

### Requestor Information:

KU Administrator/Student Group Advisor Name: \_\_\_\_\_

Department/Student Group: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Event Information:

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Date: \_\_\_\_\_

ASM set up Time (at least one hour before doors open time): \_\_\_\_\_

Doors Open Time: \_\_\_\_\_

Start Time: \_\_\_\_\_

Ending Time (estimated): \_\_\_\_\_

ASM break down Time (up to one hour after audience has left): \_\_\_\_\_

Event type (lecture, concert, exhibition, etc.): \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

What are the concerns with concealed carry of handguns at this event? What controversial issues will be discussed? What issues have occurred at other events of similar nature here or at other universities (please provide where/when/contact person information)? Use additional pages, if necessary.

---

---

---

---

---

**Billing information:**

Approved adequate security measures require reimbursement by the sponsoring department, or some other entity. An estimate will be provided prior to the event and an invoice will be sent upon its conclusion.

Send estimate and bill to:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

**TO BE COMPLETED BY THE PUBLIC SAFETY OFFICE AND OFFICE OF THE PROVOST**

Recommendation of the Director of Public Safety (or designee)

Approval  Denial  Reason for Denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of the Provost (or designee)

Approval  Denial  Reason for Denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of completed form to: Requestor

Office of Public Safety

General Counsel