

Weapons Approval Request
University of Kansas, Lawrence
Submit to the Office of the Provost and Executive Vice Chancellor
250 Strong Hall

Department Name:

Contact Person Name:

Address:

Phone Number:

1. Provide a complete list of any weapon(s) (as defined by the University Weapons Policy) that the department will have on University property and will use in conducting University activities. (See University Weapons Policy at <https://documents.ku.edu/policies/provost/WeaponsPolicy.htm>) If additional space is needed, you may attach a separate sheet.

2. In conjunction with what University activity will the weapon(s) be used?

3. Specify the individual(s) who will use the weapon(s) on University property. (For example, if a weapon is involved in an academic activity, indicate "students enrolled in" a particular course or academic activity. Otherwise, please specify by name.)

4. Specify the individual(s) who will be responsible for oversight when the weapons are in use.

5. Specify the length of time that the weapon(s) will be on University property. If the weapons are University property, describe how they are stored when not in use and who is responsible for the storage. If the weapons are not University property but will be stored on campus for a period of time, describe how and where they will be stored and who is responsible for storage.

Dean, Director or Chair Signature:

Date:

Signature also indicates agreement to comply with all federal, state, and local laws governing possession and handling of weapons. See the "Related Documents" section of the Weapons policy at <https://documents.ku.edu/policies/provost/WeaponsPolicy.htm>.

TO BE COMPLETED BY THE OFFICE OF THE PROVOST AND EXECUTIVE VICE CHANCELLOR

Recommendation of the Director of Public Safety:

Approved ____ Denied ____ Reason for Denial: _____

Signature: _____ Date: _____

Provost or Designee's Signature: _____ Date: _____

cc of approved form: Office of Public Safety
General Counsel, Kansas Board of Regents