Student Engagement and Campus Life
University Security Form

THIS SECTION TO BE COMPLETED BY THE EVENT SPONSOR

☐ Sponsor Required to Submit       ☐ Sponsor Requesting Security at Event

Number of Officers Requested: __________

Name of Sponsoring Department/Organization: __________________________

Name of Student Organization Faculty/Staff Advisor (if applicable): ________

Mailing Address for Sponsoring Department/Organization: ________________________________
(please provide mail code when applicable)

Requestor’s Name: __________________________

Email Address: __________________________ Requestor’s Phone Number: __________

Event Title: __________________________

Event Type: ☐ Concert       ☐ Film       ☐ Social
☐ Conference       ☐ Meal/Reception/Banquet ☐ Tournament/Competition
☐ Dance       ☐ Meeting       ☐ Other (specify): __________
☐ Festival       ☐ Recreational Activity

Brief Description of the Event: __________________________

Will Alcoholic Beverages be Served? ☐ YES ☐ NO

Event Location: __________________________

Date of Event: __________ Event Time: __________ until __________

Event is:
☐ Restricted to the Targeted Audience/Department/Organization, specify: __________
☐ Open only to all members of the Va Tech Campus Community (faculty/staff/students)
☐ Open to the general public

Anticipated Number of Event Attendees: __________

How will the Event be Advertised? __________________________

As an authorized representative of a University student organization/department, my signing this form below indicates that I have read, understand, and will adhere to applicable University policies (including, but not limited to those stated above), and state laws. My organization/department’s failure to do so may result in the loss of event approval and/or further sanctioning.

Requestor’s Signature: __________________________ Date: __________

Virginia Tech does not discriminate against employees, students, or applicants on the basis of race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation. Anyone having questions concerning discrimination should contact the Office for Equal Opportunity.
For Office Use Only

☐ Security form received and recorded by War Memorial Chapel and Events on (date): ____________ by ____________
☐ Screening made by Assistant Director for Event Planning
☐ Approved  ☐ Denied

Signature of Assistant Director for Event Planning: _______________________________  Date: __________

☐ If approved, Sent to Virginia Tech Police Department on (date): ____________
☐ Via email  ☐ Via campus mail

For Office Use Only (Complete if alcohol will be a part of the event):

☐ Alcohol form received and Recorded by War Memorial Chapel and Events on (date):

☐ Request meets basic University Alcohol Policy?  ☐ YES  ☐ NO
☐ Copy of ABC license received?  ☐ YES  ☐ NO
☐ Screening made by Assistant Director for Event Planning  ☐ Approved  ☐ Denied

Signature of Assistant Director for Event Planning: _______________________________

☐ If approved, Sent to Virginia Tech Police Department on (date): ____________
☐ Via email  ☐ Via campus mail

For Completion by the VTPD (Security):

The following security provision has been deemed necessary for the requested event:

☐ No security required
☐ Security is required, but is DENIED for the following reason(s): _______________________________

☐ Security required

*Number of officers required/assigned to the event: __________

* Officer(s) are scheduled to staff the requested event,
at the indicated location, beginning at: ____________  ending at: ____________

(Note: A Service Agreement and Payment must be filed with the VTPD a minimum of 72 hours prior to the event.)

Signature of Representative of Virginia Tech Police Department  Date

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