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: ________________________________
For Office Use Only

☐ Security form received and recorded by the Event Planning Office 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 the Event Planning Office 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 __________