

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

| | |
|--|--|
| Reservation# (office use only): | |
|--|--|

Last Updated: 06/2015

- 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

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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

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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 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