

Appendix 2
University of Houston-Clear Lake Handgun Exclusion Zone Request

Instructions: Sections 1-6 must be completed. See section L. Establishment of Exclusion Zones in the policy for specific details. After completing the form, save it and then email it to policechief@uhcl.edu.

Name:

Date:

1) Department:

**2) What type of
exclusion zone are
you requesting?**

3) Describe the area you are requesting to be established, modified, or eliminated as an exclusion zone:

4) What is your justification for this request based on the exclusion criteria in the policy?

5) If based on criteria 7 of exclusion zones, where is the alternate location not subject to an exclusion?

6) Where do you recommend signage to be placed? Wall, Door, Floor, Sign, etc. (attach photos to the email, if possible)

University Police Recommendations:

Signature: _____

Date: _____

Vice President for Administration and Finance Recommendations:

Signature: _____

Date: _____

President or Designee Approved Not Approved

Signature: _____

Date: _____