



Dallas County Community College District

Request Date:

Concealed Carry Temporary Exclusion Zone Request

Approved- To be checked only after all required signatures are obtained.

Local Policy: *Regulation Concerning Concealed Carry of Handguns -CHF*

For those zones for which a prohibition of concealed handguns is temporal in nature (i.e. the prohibition is contingent on the nature of the event and exists for the duration of the event only) temporary notice shall be provided in accordance with the procedure provided herein.

Requestor Name:	DCCCD Location:
Phone:	Department:
Event Name:	Date:
Event Start Time: End Time:	Location: (Location #, Bldg. #, & Room #)

Please check the following for temporary exclusion:

- | | |
|--|---|
| <input type="checkbox"/> Formal Grievance Proceeding | <input type="checkbox"/> Board Meeting |
| <input type="checkbox"/> Large scale ticket event | <input type="checkbox"/> Sporting/Interscholastic Event |
| <input type="checkbox"/> Polling Place | <input type="checkbox"/> Other: _____ |

Provide a justification or supporting document for the temporary exclusion request.

Administrative Use Only:

_____ Division Approval	_____ Date	_____ College President/Designee	_____ Date
_____ DCCCD Police Commander	_____ Date	_____ Director, Facilities/Designee	_____ Date
Request Number: _____		Date: _____	

Facilities Use Only:

Sign(s) Posted	Time: _____	Date: _____
Sign(s) Removed	Time: _____	Date: _____