



Public Safety / Campus Police

NOTIFICATION OF EMPLOYEE’S INTENT TO CARRY A CONCEALED HANDGUN

Employee Name: (Last) _____ (First) _____ (M/I) _____

DOB: _____ Employee ID #: _____

Institution: _____ Department/Unit: _____

Employee Office Address (at which you teach or work):

Campus Location(s) or Office(s) (at which you teach or work):

Cell Phone: _____ Office Phone: _____

Email: _____

Carry Permit #: _____ State: _____ Expiration Date: _____

By signing below, I certify all of the following to law enforcement:

- I am a full-time employee of the above named institution who is eligible to carry a handgun under Tennessee law. I am not enrolled as a student at the above named institution campus or institute.
I will notify the Austin Peay State University Police Department of any changes in my employment, student status, or handgun carry permit status.
I acknowledge that changes in my status may affect my right to carry a handgun on institution property.
I am making a personal choice to carry a handgun on the property of the above named institution. I am not carrying the handgun in the course and scope of my employment at the above named institution.
I acknowledge that I may be personally liable for injuries arising from my carrying of a handgun.
I will comply with all applicable laws, ordinances and policies when carrying a handgun, including, without limitation, complying with the policies and procedures of the above named institution.
Specifically, I will comply with the responsibilities summarized in Summary of Campus Concealed Carry Rights and Responsibilities, of which I acknowledge that I have received a copy.
I understand and agree that my failure to comply with applicable laws, ordinances and policies may result in criminal charges and employment related discipline against me; up to and including termination of employment.

Employee Signature

Date


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WITNESSING OFFICER:

I, the Witnessing Law Enforcement Officer, have verified the employee's current eligibility to carry a handgun, received a copy of the employee's handgun carry permit, witnessed his or her signature, and informed the employee to review their institution's policy for more details.

Witnessing Police Officer

Date

Attach Copy of Permit Here