



For WFZ Committee Use Only: Permit Number: (i.e., CC:SC:3:504) Location:
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Weapons-Free Zone (WFZ) Application

Please use additional pages as necessary and attach any supporting materials.

Originator: _____

Name	Position	

Department	Phone	Email Address

Request to **establish a New Permanent WFZ**: _____

Request to **establish a Temporary WFZ**: Date(s) _____ Time _____

Request to **modify an existing WFZ**: _____ Original Permit Number or Location _____

Request to **eliminate an existing WFZ**: _____ Original Permit Number or Location _____

Exact relevant area: _____

Please provide a recommendation and rationale based on criteria listed in the policy
(See GFA LOCAL at <http://www.hccs.edu/district/about-us/policies/hcc-board-policy-manual-section-g/>):

Originator Signature: _____

Date: _____

GFA (LOCAL) change to procedure

TO BE COMPLETED BY THE COLLEGE OPERATIONS OFFICER (COO)

Please provide all alternatives/solutions considered and the recommendation.

_____ Recommendation supported	_____ Recommendation not supported
_____ Recommendation Resolved	
Reason: _____	
All alternatives considered: _____	
COO Signature: _____	

TO BE COMPLETED BY THE EXECUTIVE REPRESENTATIVE (PRESIDENT/VICE CHANCELLOR)

Please provide your recommendation and any comments.

_____ Recommendation supported	_____ Recommendation not supported
_____ Recommendation Resolved	
Reason for Approval/Denial: _____	
All alternatives considered: _____	
P/VC Signature: _____	

COMMITTEE RECOMMENDATION

_____ Approval	_____ Denial
Reason for Approval/Denial: _____	
Signature: _____	

FINAL APPROVAL

Chancellor/Designee Signature: _____

Date

EXHIBIT