



**OFFICE of  
UNIVERSITY SAFETY**

**FIREARM ON UNIVERSITY PROPERTY APPLICATION**

Forward the completed application to the Office of University Safety, 636 East Elm Street, Springfield Missouri, 65897 or email to [campussafety@missouristate.edu](mailto:campussafety@missouristate.edu).

<b>Applicant Information</b>			
First Name:	Middle Name:	Last Name:	
Address:			Phone Number:
City:	State:	Zip:	Date of Birth:
Email Address:			

<b>Missouri Concealed Carry Permit Information (if applicable)</b>			
Permit Number:	County Issued:	Date Issued:	Expiration Date:

**Request Information**

Explain the reasons you desire to possess a firearm on university property:

Have you ever been arrested, charged or convicted for a crime against a person or property?  Yes  No  
If "YES", Explain, include jurisdiction and date.

Have you ever been accused of violence or abuse of ANY kind?  Yes  No  
If "Yes", Explain.

I, \_\_\_\_\_, attest to the accuracy of the information contained in this application.  
I understand the University will conduct background investigation. I understand and agree that the University may also conduct interviews with others relating to my application.

Finally, I understand and agree that I will follow all applicable university policies and requirements set forth if, if approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only

Date Received:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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