



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.

Employee Information			
First Name:	Middle Name:	Last Name:	
Address:			Phone Number:
City:	State:	Zip:	Date of Birth:
Email Address:			

Missouri Concealed Carry Permit Information (if applicable)			
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:

Yes No