



Originally Issued: March 13, 2013

REQUEST FOR WAIVER

ATHENS STATE UNIVERSITY WEAPONS POLICY

I, **Insert Name Here**, hereby request for waiver of the Athens State University Weapons Policy.

I understand, if waiver is granted, it is with explicit agreement that permitted weapons may not be removed from my vehicle while on any property owned or controlled by the University, and must be securely stored and concealed when the vehicle is unattended.

I am in possession of a valid permit to carry a concealed weapon within the State of Alabama (unless as otherwise permitted under Alabama Law). I understand that this waiver, if granted, is only in effect for the period in which the permit is valid. Upon the expiration of the concealed weapons permit, I understand that I am required to submit a new request for waiver showing proof of a current valid permit.

Applicant's Signature: _____ Date: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

NOTE: A copy of the concealed weapons permit (if applicable) must be attached to this request.

To be completed by Athens State University Security Office

The applicant has a current concealed weapons permit to carry a concealed weapon within the State of Alabama, or is otherwise permitted to possess the firearm under Alabama Law.

Permit Expiration Date: _____

Law Enforcement Agency Issuing Permit: _____

Verified by: _____ Date: _____

Athens State University Security Office

Approved: _____ Date: _____

Athens State University President

Not Approved: _____ Date: _____