

**Form 34.06.02.M1.01.101**

**Request for Prohibition of Licensed Carry**

This form must be completed and approval granted by the President before 30.06 Notice can be posted to prohibit licensed carry.

**Requestor:**

Name: \_\_\_\_\_

UIN: \_\_\_\_\_

Department: \_\_\_\_\_

Email address: \_\_\_\_\_

As allowed by Texas A&M University Rule 34.06.02.M1, Carrying Concealed Handguns on Campus, section 6.C.2, individuals may request the President to approve the prohibition of licensed carry in assigned offices, high hazard research areas and laboratories and in those where research subjects are high risk. Please complete the appropriate section according to your request.

**Submit a separate form for each room, laboratory or research area requested.**

*Assigned offices for which the employee can demonstrate that the carrying of a concealed handgun by a license holder in the office presents a significant risk of substantial harm due to negligent discharge:*

Room Number	Building #	Person Assigned to Office	Justification (provide detailed information to support this request).

*High hazard laboratory or research area where the presence of high hazard materials or operations creates a significant risk of catastrophic harm due to a negligent discharge:*

Lab/Room Number	Building #	Type of Hazard(s)	Justification (provide detailed information to support this request).

*Laboratories or research areas involving high-risk subjects or where research integrity could be compromised:*

Lab/Room Number	Building #	Type of Research	Justification (provide detailed information to support this request). Include an estimate of the frequency of such situations.

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copy to [AdvisoryComm@tamu.edu](mailto:AdvisoryComm@tamu.edu)

Department Head Recommendation:

Support: \_\_\_ Comments: \_\_\_\_\_

Decline: \_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to [AdvisoryComm@tamu.edu](mailto:AdvisoryComm@tamu.edu)

Dean Recommendation (if applicable):

Support: \_\_\_ Comments: \_\_\_\_\_

Decline: \_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to [AdvisoryComm@tamu.edu](mailto:AdvisoryComm@tamu.edu)

VP Recommendation (if applicable):

Support: \_\_\_ Comments: \_\_\_\_\_

Decline: \_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to [AdvisoryComm@tamu.edu](mailto:AdvisoryComm@tamu.edu)

Executive VP and Provost - or - Executive VP for Finance and Administration Recommendation:

Support: \_\_\_ Comments: \_\_\_\_\_

Decline: \_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to [AdvisoryComm@tamu.edu](mailto:AdvisoryComm@tamu.edu)

Appeal to: _____		Date: _____
___ Support Prohibiting Carry	Comment: _____	
___ Decline to Support Prohibition	Comment: _____	
_____		Date: _____
<i>Signature</i>		

Approved

Denied

\_\_\_\_\_  
President's Signature

Date: \_\_\_\_\_

Copy to [AdvisoryComm@tamu.edu](mailto:AdvisoryComm@tamu.edu)