



WEAPONS CHECKOUT APPOINTMENT REQUEST

RESIDENT NAME _____ UA ID# _____

REQUESTED CHECKOUT DATE _____ REQUESTED CHECKOUT TIME _____

Please read and initial each comment:

- _____ I understand that my ability to checkout my weapon is only guaranteed if I request a checkout appointment 24-hours in advance of the date and time desired
- _____ I understand that should I need to cancel this appointment I must do so by notifying the Housing Lodge Desk staff otherwise a \$10 fine will be charged to my student account.
- _____ I understand that should I need to change my appointment time, this new meeting time will be considered a new appointment and the above expectation will apply. *Rescheduling with less than 24-hours notice hinges upon the schedule and availability of the professional staff to meet the request.*

SIGNATURE _____ DATE _____

RECEIVED BY LODGE DESK (date/time) _____ STAFF _____

AOD AT TIME OF CHECKOUT _____ DATE/TIME NOTIFIED _____

Place completed form in the mailbox of the AOD at the time of the requested checkout.

APPROVED _____ DENIED _____ (Reason _____)

THIS SECTION TO BE FILLED OUT DURING THE CHECKOUT APPOINTMENT—

I am checking my weapon out of secured storage from the Student Housing Lodge at this time and understand that I have full custody of this weapon until which time I return it to secured storage or terminate my weapons storage agreement, thereby removing the weapon permanently from UAS storage.

I plan to return this weapon at the time indicated below:

DATE _____ TIME _____ STAFF INITIALS _____

RESIDENT SIGNATURE _____ CELL PHONE _____