

Appendix 2  
University of Houston-Clear Lake Handgun Exclusion Zone Request

Instructions: Sections 1-6 must be completed. See section L. Establishment of Exclusion Zones in the policy for specific details. After completing the form, save it and then email it to [policechief@uhcl.edu](mailto:policechief@uhcl.edu).

**Name:**

**Date:**

**1) Department:**

**2) What type of  
exclusion zone are  
you requesting?**

**3) Describe the area you are requesting to be established, modified, or eliminated as an exclusion zone:**

**4) What is your justification for this request based on the exclusion criteria in the policy?**

**5) If based on criteria 7 of exclusion zones, where is the alternate location not subject to an exclusion?**

6) Where do you recommend signage to be placed, wall door, floor sign, etc. (attach photos if possible)?

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**University Police Recommendations:**

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

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

**Vice President for Administration and Finance Recommendations:**

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

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

**University President:**

Approved

Not Approved

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

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