VCU POLICE

SECURITY ASSESSMENT REQUEST FORM

Date:

Requestor's Information

Name:

Title:

Department:

VCU Email Address: Phone Number:

Are you the assigned building manager for the requested location? ☐ YES   ☐NO

Was there an incident that generated this request? ☐ YES   ☐NO

If YES, please provide some additional details:

Security Assessment Request Information

Building Name and Address:

Area(s) of concern:

Department Approval (Must be Department Dean or Vice President)

Department Head Name:

Department Head Signature / Date:

Department Head Email address:

Security Inspection Report recommendations are provided as general guidelines to enhance the security of the facility and safety of others. All financial responsibilities related to selected enhancements are the responsibility of the requestor's department.

*** **Email completed form to: crimeprevreq@vcu.edu** ***