

1. PERSON WHO THE RESTRICTION OR TRESPASS WOULD APPLY TO (IF KNOWN) (“RESTRICTED PARTY”):	Name:	
	DOB:	
2. STATUS OF RESTRICTED PARTY (STUDENT, EMPLOYEE, THIRD PARTY):		
3. BY MAKING THIS REQUEST, I CERTIFY THAT THE RESTRICTED PARTY HAS (CHECK ALL THAT APPLY):		
<input type="checkbox"/> Been charged and/or convicted of a crime that was committed on campus property or against a WSU student, employee or guest.		
<input type="checkbox"/> Violated University policy and because of the nature of the violation should be excluded from University Premises.		
<input type="checkbox"/> Engaged in conduct that a reasonable person would determine his/her exclusion from University Premises is necessary to prevent harm, property damage or significant disruption.		
<input type="checkbox"/> Engaged in or is reasonably likely to engage in conduct that may reasonably be deemed to be threatening, disruptive or violent based on Restricted Party’s criminal background or past conduct.		
4. IN SUPPORT OF THE REASONS STATED ABOVE, I CERTIFY TO THE FOLLOWING FACTS <i>For example: "On [date], [name of person] was reported to have committed a crime, to wit misdemeanor theft, at the Rhatigan Student Center. Suspect has been previously charged with similar offenses and is reasonably likely to engage in similar conduct on campus if allowed to return. See Case No. x"</i> ADDITIONAL PAGES OR REPORTS SHOULD BE SUBMITTED WITH COMPLETED FORM THROUGH SECURE TRANSFER.		
5. BASED ON THE RESTRICTED PARTY’S CONDUCT, I REQUEST THE FOLLOWING RESTRICTIONS (CHECK ALL THAT APPLY):		
<input type="checkbox"/> Restriction from WSU Main Campus, including all grounds, buildings, and Innovation Campus		
<input type="checkbox"/> Restriction from all WSU satellite campuses (NIAR N. Webb Rd (NCAT), NIAR Park City (ASTEC), NIAR South Oliver (WERX), WSU Old Town, WSU Haysville, WSU South, WSU West)		
<input type="checkbox"/> Limited restrictions to certain buildings, areas or campus locations as follows:		
6. THIS RESTRICTION SHALL BE IN PLACE FOR 2 YEARS UNLESS IT IS CANCELLED OR AMENDED. IF YOU BELIEVE THAT THIS RESTRICTION SHOULD BE MORE OR LESS THAN THE 2-YEAR DEFAULT PERIOD, PLEASE STATE REASONS BELOW:		

Name of Requesting Party

Title of Requesting Party

Signature of Requesting Party

Date

BY HITTING “SUBMIT” THIS FORM WILL BE SENT TO THE AUTHORIZED UNIVERSITY OFFICIAL, VP FOR FINANCE AND ADMINISTRATION, FOR REVIEW AND APPROVAL.

I have reviewed this request, and all additional information (if submitted), and by my signature below, I approve the issuance of a Notice of Trespass consistent with the request above.

Signature of Approval by Authorized University Official