NOTIFICATION OF EMPLOYEE'S INTENT TO CARRY A CONCEALED HANDGUN

Registrant Name: (Last)	(Hirst)(M/I)
DOB:	_ University Department:
Registrant Office Address/U	niversity Department:
Employee M#:	Driver's License #:
Campus Locations/or Office	÷
Cell Phone:	Office Phone:
Email:	
Carry Permit #:	Issuing State: Expiration Date:
By signing below, I certify	l of the following to law enforcement:
 a handgun under Te I will notify the M'handgun carry pern a handgun on Unive I am making a pers handgun in the coupersonally liable fo I will comply with without limitation, comply with the reserve Responsibilities, of I agree that my fails 	oyee of Middle Tennessee State University ("MTSU") who is eligible to carrinessee law. I am not enrolled as a student at any MTSU campus. SU Police Department of any changes in my employment, student status, of status. I acknowledge that changes in my status may affect my right to carrisity property. In all choice to carry a handgun on University property. I am not carrying the see and scope of my University employment. I acknowledge that I may be injuried caused by my use of a handgun. Tennessee law and University policies when carrying a handgun, including tennessee law and University policies when carrying a handgun, including tennessee law and Insumplying with MTSU Policy 705, Weapons on Campus. Specifically, I with onsibilities summarized in Summary of Campus Concealed Carry Rights are which I have received a copy. The total complete the carry of Campus Concealed Carry Rights are which I have received a copy. The total complete to comply with Tennessee law or University policies may result in personarges and University discipline against me up to and including termination of the carry
Registrant Signature	Date
Witnessing Officer:	
Campus Concealed Carry R	recement Officer, have provided the Registrant with a copy of Summary of Summ
Witnessing Police Officer (Forward to Records Section	Date