

**BERGEN COMMUNITY COLLEGE**  
**DEPARTMENT OF PUBLIC SAFETY**

**Authorization for Possession of Weapons on Campus**

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

I, the undersigned, hereby authorize \_\_\_\_\_ to possess and carry the following item(s) on the Bergen Community College's campus as an express, written exception pursuant to Bergen Community College's Policy prohibiting weapons on campus:

**[Type, make, model, description]**

This permission to carry prohibited weapons on Bergen Community College's campus is subject to the conditions outlined in this Authorization Form.

**Authorized Individual's Information**

Full Name:	Purpose for Carrying Prohibited Weapon:
Home Address:	
E-mail:	Dates and times of Authorization:
Phone:	

**Conditions and Requirements**

The above-named individual is authorized to possess the identified weapon(s) on Bergen Community College's campuses in accordance with the date and time limitations set forth above. This authorization is valid only for the specified dates and times outlined in the approved request.

The above-named individual sought and has received prior written authorization from Bergen Community College's Department of Public Safety in accordance with the College's Policy Prohibiting Weapons on Campus.

The above-named individual must carry a copy of this Authorization Form along with proper identification while carrying the prohibited weapon on College property.

The above-named individual must comply with all federal, state, and local laws and regulations pertaining to the possession and use of the prohibited weapon. The individual must also comply with all policies set forth by Bergen Community College and is solely responsible for ensuring that the prohibited weapon is used safely and lawfully.

The Bergen Community College Department of Public Safety reserves the right to revoke this authorization at any time. Any misuse, unauthorized use, or violation of this authorization will also result in immediate revocation.

**Acknowledgment**

I, the undersigned, acknowledge that I have read and understand the conditions outlined in this authorization form. I agree to comply with all the terms and requirements set forth herein.

Name: \_\_\_\_\_

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

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

**Department of Public Safety Approval**

This Authorization Form is approved by the Bergen Community College Department of Public Safety.

Authorized Personnel Name: \_\_\_\_\_

Authorized Personnel Signature: \_\_\_\_\_

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