Security/Transportation Action Request & Tracking

(Please submit one START form per event at least 5 business days prior. Email STARTs to dkearns@highpoint.edu; SECURITY REQUESTED ☐ SECURITY & TRANSPORTATION REQUESTED PLEASE FILL OUT COMPLETELY)

Title of Event: __________________ Location(s) of Event: __________________
Event Date: ___________ Event Start Time: ___________ Event End Time: ___________
☐ Internal ☐ External Have most guests been on campus previously? ☐ Yes ☐ No ☐ Unsure
Total Expected Attendees: ___________
Person Submitting Request: __________________ Contact #: __________________
Event Contact (if different): __________________ Contact #: __________________

SECURITY ACTION REQUESTED: ☐ Security Event Supervisor Requested: ☐ No ☐ Yes
Elevator/Building Access/Door Unlocks Needed: __________________
Timeframe for access to building: __________________
Gates to be Opened/Closed: __________________
Areas for Parking: __________________
Lots to be locked: __________________
Signs Needed: ☐ Yes ☐ No Descriptions and Locations: __________________

Officer Location and Instructions:
☐ University Avenue Welcome Center: __________________
☐ Montlieu/Finch Fountain Entrance: __________________
☐ Panther Drive Welcome Center: __________________
☐ Parking Lot Listed Above to Assist with Parking: __________________
☐ Other (__________): __________________

TRANSPORTATION ACTION REQUESTED: ☐ Transportation Supervisor Requested: ☐ No ☐ Yes
Start Time: ___________ End Time: ___________
Shuttle Stop Locations & Route: __________________
Additional Needs or Information: __________________
________________________________________________
________________________________________________