

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 blocked: _____

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: _____
