



Residence Life Weapon Checkout

Resident Name: _____ Checkout Date: _____ Time: _____

Weapon Description: _____

I am checking my weapon out of secured storage from Student Housing at this time and understand that I have full custody of this weapon until which time I return it to secured storage or terminate my weapons agreement and remove the weapon permanently from the University of Alaska Southeast campus. I am solely responsible for the weapon's whereabouts during this time.

I understand that it is against Alaska state law for this weapon to be on the premises of UAS except when it is being removed from or returned to secured storage; upon this checkout I am immediately leaving campus with the weapon and will notify a staff person in order to check it in as soon as I have returned to campus. If this weapon is found in my apartment/suite, in my vehicle, on my person, or in any other place on university property, I will be held legally responsible and may have my housing agreement terminated and/or external legal action pursued against me. I furthermore agree to do my best to return to campus with this weapon at the date and time indicated below and understand that my failure to do so may result in revocation of my secure weapon storage privileges on campus.

I plan to return this weapon at the times indicated below.

Date	Time	Student Signature	Staff Initials