

Program/Presentation Request

Please submit your request at least **two weeks prior** to the event. If you have any questions please contact Sergeant Candice Sherbenou at (936)294-1794 or via email at CLS012@shsu.edu.

All fields are mandatory and must be completed.

CONTACT INFORMATION

Group/Organization: _____

Requestors Full Name: _____

Phone Number: _____

E-Mail Address: _____

PROGRAM/PRESENTATION INFORMATION:

Program Requested:

Campus Safety (1 hour)

Bystander Intervention (1 hour)

Workplace/Classroom Violence (1 hour)

Residence Life- Drug Recognition (1 hour)

College Safety for High Schools (1 hour)

Other: _____

Sexual Assault/Domestic Violence (1 hour)

Spring Break/ Summer Safety (1 hour)

Protect Your Property (1 hour)

DWI Simulation (2 hours)

"BikeTexas- CATS" (30 minutes)

Date of Presentation: _____

Start Time: _____

End Time: _____

Location: _____

Approximate Attendance: _____

Additional Information/ Requests: _____

Please submit this form via email to CLS012@shsu.edu.