



Florida Agricultural and Mechanical University

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DEPARTMENT OF CAMPUS SAFETY AND SECURITY
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CHIEF OF POLICE

Crime Prevention & Education Presentation Request

In order to process the request, please submit the completed form a minimum of seven (7) business days prior to the event. Thank you.

Contact name: _____

Organization /group: _____

Daytime telephone number: _____

Email address: _____

Description of the group who will receive the training: _____

Approximately how many people might attend: _____

Event location: _____

Event date and time: _____

Select the presentation: _____

Please describe the overall theme of the event (if applicable):

Requests will **ONLY** be accepted electronically.

(If you do not have Adobe Reader DC, please [click here](#).)

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Allow seven to ten business to process the form.



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