



**NOTIFICATION OF EMPLOYEE'S INTENT TO CARRY A CONCEALED HANDGUN**

Registrant Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M/I) \_\_\_\_\_

DOB \_\_\_\_\_ Employee UUID # \_\_\_\_\_

Department/Unit \_\_\_\_\_

Registrant Office Address (at which you teach or work)

\_\_\_\_\_  
\_\_\_\_\_

Campus Location(s) or Office(s) (at which you teach or work) \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Email \_\_\_\_\_

Carry Permit # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

By signing below, I certify all of the following to law enforcement:

- I am a full-time employee of the University of Memphis who is eligible to carry a handgun under Tennessee law. I am not enrolled as a student at any University of Memphis location.
- I will notify the University of Memphis Police Services of any changes in my employment, student status, or handgun carry permit status. I acknowledge that changes in my status may affect my right to carry a handgun on any property owned, controlled, or used by the University of Memphis.
- I am making a personal choice to carry a handgun on University of Memphis property. I am not carrying the handgun in the course and scope of my employment. I acknowledge that I may be personally liable for injuries arising from my carrying of a handgun.
- I will comply with University of Memphis policies and Tennessee law (TCA 39-17-1309) when carrying a handgun, including without limitation, complying with University of Memphis Policy UM1800, of which I have received a copy.
- I agree that my failure to comply with Tennessee law or University of Memphis policies may result in criminal charges and discipline against me up to and including termination of employment.
- I understand this notification will be shared with law enforcement agencies with concurrent jurisdiction at property owned, controlled, or used by the University of Memphis.

\_\_\_\_\_  
Registrant Signature

\_\_\_\_\_  
Date

(Over)

Revised 12/29/20

**Witnessing Officer:**

I, the Witnessing Law Enforcement Officer, have witnessed his or her signature, and have given the registrant a copy of University of Memphis policy UM1800. The registrant was also advised they will receive an e-mail from this department once their eligibility is verified.

\_\_\_\_\_  
**Witnessing Officer Name and UM#**  
(Forward to Police Administration)

\_\_\_\_\_  
**Date**

***Attach Copy of Carry Permit***

**Concurrent Agencies copied:**

- Memphis Police Department**
- Shelby County Sheriff's Office**
- Collierville Police Department**
- Jackson Police Department**
- Madison County Sheriff's Office**
- Other** \_\_\_\_\_

Permit status reviewed by \_\_\_\_\_

Date: \_\_\_\_\_

Employment status reviewed by \_\_\_\_\_

Date: \_\_\_\_\_

Non-Student status reviewed by \_\_\_\_\_

Date: \_\_\_\_\_

Entered into Master Name File by \_\_\_\_\_

(Print)

Date: \_\_\_\_\_