

**UP&SO will complete this box.**

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

On-Campus Address: \_\_\_\_\_ Personal Phone #: \_\_\_\_\_

**Please list all addresses you have lived at in the last five years:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please answer the following:**

Have you ever been the recipient of a Protection Order?  No  Yes If yes, please explain below.

Have you ever been the recipient of a Restraining Order?  No  Yes If yes, please explain below.

Have you ever been convicted of a Domestic Violence Assault?  No  Yes If yes, please explain below.

Have you ever been convicted of a Felony?  No  Yes If yes, please explain below.

**Please list all sporting arms that you will be checking in at this time: (use additional sheet if needed)**

#	TYPE	MAKE	MODEL	SERIAL #	#	TYPE	MAKE	MODEL	SERIAL #
1.					5.				
2.					6.				
3.					7.				
4.					8.				

**Is ammunition being stored?**  No  Yes If yes, please list type and amount below.

#	TYPE	AMOUNT	#	TYPE	AMOUNT	#	TYPE	AMOUNT
1.			3.			5.		
2.			4.			6.		

By my signature below, I agree to the following:

- I will not hold NDSU liable for any loss/damage that may occur to my property while in storage.
- I authorize the appropriate records checks as determined by the NDSU UP&SO, and will provide any necessary information requested of me to complete those checks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Sporting Arms Tag: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

Storage Shelf: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Badge #: \_\_\_\_\_ Date: \_\_\_\_\_

This completed and signed form must accompany any sporting arm or ammunition for storage. Please bring this to the University Police office at 1523 12th Ave N, Fargo, ND.