

UP&SO will complete this box.

Student Last Name: _____ Student First Name: _____

Last Name: _____ First Name: _____ Middle Name: _____ Date of Birth: _____

Please list all sporting arms that you will be checking out 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 checked out?? 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 have received the property identified above.

Signature _____

Date _____

UP&SO will complete this box.

Sporting Arms Tag: #1: _____ #2: _____ #3: _____

Storage Shelf: #1: _____ #2: _____ #3: _____

Officer Signature: _____ Badge #: _____ Date: _____

This completed and signed form must be completed and presented to the University Police office prior to checkout of any sporting arm or ammunition. Please bring this to the University Police office at 1523 12th Ave N, Fargo, ND.