



750 Chase Parkway – Waterbury, CT 06708
www.nvcc.commnet.edu

Permission to Bring Weapons on Campus

Name: _____ Address: _____
Date of Birth: _____
Student ID# _____
Phone: _____

Purpose for bringing weapon on campus:

Class: _____ Location: _____
Date Requested: _____
Instructor: _____ Signature: _____ Date: _____

Dean of Administration: James Troup
Approved: _____ Denied: _____
Signature: _____ Date: _____

Dean of Student Services: James Daniels
Approved: _____ Denied: _____
Signature: _____ Date: _____

Director of Public Safety: Lt. Toni J. Rinaldi
Approved: _____ Denied: _____
Signature: _____ Date: _____

Four (4) copies to: Student, Dean Troup, Dean Daniels, Lt. Rinaldi