Clery Act - Campus Security Authority Acknowledgement

Name: ____________________________________

Email: ___________________________________

By signing this form I acknowledge the following and agree that:

- I have completed the Clery Act training module
- I understand I am considered a Campus Security Authority (CSA)
- I understand that the Kennesaw State Police are the reporting authority for crimes on campus
- If a Clery crime is reported to me, I will contact the Kennesaw State Police
  - www.kennesaw.edu/brt/
  - 470-578-6666

Signature: ___________________________________ Date: __________

-OR-

- I have completed the Clery Act training module
- I am not considered a Campus Security Authority (CSA) due to the following:
  - I am faculty without responsibilities outside of the classroom.
  - I am in a position without direct responsibility for students or student activities (ex. food service, facilities, nurse).
  - I am a pastoral or professional counselor acting in those specific roles.
- Even though I am not a Campus Security Authority (CSA) I can still report crimes to the Kennesaw State Police and Behavioral Response team:
  - www.kennesaw.edu/brt/
  - 470-578-6666

Signature: ___________________________________ Date: __________

Please return this signed form to:
Clery Act Agreement c/o Kennesaw State Police
Mail Drop: 2001
police@kennesaw.edu