

## Trespass Warning Appeal Form

University of Delaware Police Department 413 Academy Street Newark, DE 19716

Phone: 302-831-2222 Fax: 302-831-0163

This form is used to appeal a trespass warning, either in its entirety or in part. Complete Section One and mail it to:

University of Delaware Police Records Division 413 Academy St. Newark, DE 19716

or records-udpd@udel.edu

This appeal will be forwarded to the Chief of Police for review and will typically be completed within two weeks of its receipt. Be advised that your prior contact with the University, your criminal history and the circumstances of the issuance of this warning will be considered when your appeal is reviewed. Section Two will be completed by the Department and you will be mailed a copy for your records.

## **SECTION ONE**

Name:	Date of Birth:		
Current Address:			
Phone Number:	Email Address:		
Date Trespass Warning was Issued:			
Complaint Number:	□Unknown		
Are you currently a UD student or have you recently been accepted to UD?		□Yes	□No
Are you currently a UD employee or have you recently been hired by UD?  Explain the reason that you are appealing this trespass warning:		□Yes	□No



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## **SECTION TWO**

Date Appeal received:	Received by:
Review:	
I have reviewed your appeal and based on the informany previous contact you may have had with the depart	ation provided by you in this appeal, the initial report, tment and your criminal history:
	records system will be updated to reflect that your event a future trespass warning from being issued for
$\hfill \square$ I am authorizing the temporary lifting of this trespass v	varning for only the below requested date(s) and event(s).
☐ I am authorizing a modification to the original to computer system has been updated.	respass warning. The modifications follow and our
☐ I have determined that the originally issued trespas	s warning and all of its parameters stand.
Signature Chief Patrick Ogden University of Delaware Police	Date