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This request will be reviewed by the Department of Public Safety. The requested location will be reviewed based on a threat assessment and the criteria contained in the Campus Duress Button Policy.

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Special circumstances for a wearable, portable device will be reviewed by the AVP for Public Safety/Chief of Police, Dean/VP, and AVP for Equal Opportunity & Title IX.

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The following information is needed for approval of installation and to develop an operational protocol for the Operations Center to respond to a duress alarm.

Project Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

System Point of Contact: (if different from Project Contact): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Additional people to be notified regarding the alarm (if applicable):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is a report required to be returned to the Contact(s) each time the alarm is activated?

YES

NO

Indicate the applicable criteria for consideration\*\* (Must be based upon objective threat assessment):

Drug Dispensing

Mental Health Counseling

High Volume Cash Collection Point(s)

High Profile Threat Location

Isolated, After-Hours Operations with Significant Public Contact

Previous Incidents of Actual Acts of Violence

\*\*high traffic areas do NOT automatically qualify – additional threat assessment factors but be met.

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**When a duress alarm is activated and received by the Operations Center, UND Police Officer(s) will be dispatched to the location.**

It is required to have the duress system tested annually. Contact the Operations Center (701.777.2591) to schedule a date and time for testing – see the Duress Alarm Policy for additional information.

Departmental Dean/Dept Chair/Designated Official: \_\_\_\_\_

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

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**For Department of Public Safety Use Only:**

Request Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Reviewer(s): \_\_\_\_\_

**PROJECT NUMBER:** \_\_\_\_\_