

DEVELOP YOUR PLAN OF ACTION NOW!

Application Form

NAME: _____

ADDRESS: _____

PHONE: _____

STATUS: ___ student ___ staff
 ___ faculty

Signed: _____

Fill out the application form and send

to: Salem State Campus Police

ATTN: Lieutenant Stephen Turcotte

352 Lafayette Street

Salem, MA 01970

OR through inter-campus mail

Please make copies and pass along.