



Trinity Valley Community College:
Criminal Trespass Appeal Form

PERSONAL INFORMATION

Name: _____

Phone Number: _____

Date of Birth: _____

Email Address: _____

Mailing Address: _____

TVIN (If Applicable): _____

City / State / Zip Code: _____

TRESPASS INFORMATION

Date of your trespass: _____

What is your affiliation with the College?

Location of your trespass: _____

___ Current Student

___ Former Student

Is this your first appeal? ___ Yes ___ No

___ Current Employee

___ Former Employee

___ Visitor

SUPPORTING INFORMATION

Please explain why the warning should be lifted, your need to be on property owned or controlled by TVCC, and any other information that you want the Trespass Appeal Committee to consider. You may attach additional information to this form.

Signature: _____

Date: _____

You must complete, sign, and date this form for the appeal to be processed. You may mail the form to **TVCC Police Department 100 Cardinal Dr. Athens, Texas 75751**, or email the completed form to ***heath.cariker@tvcc.edu***.

Please note: The trespass warning will remain in effect while the appeal is being reviewed.