

# 2015 Campus Safety and Security Survey

## Institution Information

Institution: Albany County Campus (240620002)

User ID: C2406201

## Registration

\*Required fields are indicated with asterisks (\*).

Laramie County Community College (Albany County Campus) (240620002)	
First Name*	James
Last Name*	Crosby
Title*	Director of Campus Safety
Address 1*	1400 East College Drive
Address 2	
City*	Cheyenne
State*	Wyoming
Zip*	82007 - <input type="text"/>
Phone*	307 - 778 - 1340
Extension	<input type="text"/>
Fax	307 - 778 - 4300
E-mail Address*	jcrosby@lccc.wy.edu
Confirm E-mail Address*	<input type="text"/>
Comment	<p>* Please use this box if you would like to provide additional contact information such as a cell phone number or the best time to reach you if there are questions about your survey. Also, if the person listed above is not the person who enters the data, please provide the name and contact information for the person who enters the data. This information is for the survey help desk staff only. It will not be seen by the public.</p> <p>Hours of Contact Monday-Friday 0800-1600</p>

# Identification

\*Please enter/review all applicable information. Required fields are indicated with asterisks (\*).

## Institution Information

Institution Name	Laramie County Community College		
Address	1400 E College Dr Cheyenne, WY 820073299		
Web Address	http://www.lccc.wy.edu		
Chief Administrative Officer's Name*	Joe Schaffer		
Chief Administrative Officer's Title*	President		
Chief Administrative Officer's E-mail Address*	jschaffer@lccc.wy.edu		
Telephone*	307	- 778	- 1212 Ext. <input type="text"/>

## Campus Information

Campus Name*	Albany County Campus		
Description	<input type="text"/>		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country		
Address*	1125 Boulder Dr.		
City*	Laramie		
State or Outlying Area*	Wyoming		
ZIP Code*	82070	- <input type="text"/>	
County	USA		

## Campus Safety Officer

Name*	James Crosby		
Title*	Director, Campus Safety		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country		<input type="checkbox"/> Address same as campus
Address*	1400 E. College Dr.		
City*	Cheyenne		
State or Outlying Area*	Wyoming		
ZIP Code*	82007	- 3299	
Telephone*	307	- 778	- 1340 Ext. <input type="text"/>
Email Address*	jcrosby@lccc.wy.edu		

**Campus Fire Safety Officer**

Name*	James Crosby
Title*	Director, Campus Safety
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	1400 E. College Dr.
City*	Cheyenne
State or Outlying Area*	Wyoming
ZIP Code*	82007 - 3299
Telephone*	307 - 778 - 1340 Ext. <input type="text"/>
E-mail Address*	jcrosby@lccc.wy.edu

**Lead Title IX Coordinator**

Name*	Judy Hay
Title*	Title IX Coordinator; V.P. of Student Services
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	1400 E. College Drive
City*	Cheyenne
State or Outlying Area*	Wyoming
ZIP Code*	82007 - 3299
Telephone*	307 - 778 - 1217 Ext. <input type="text"/>
Email Address*	jhay@lccc.wy.edu
Does your Institution have other designees who share these responsibilities? *	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Update Status**

Date Completed	8/19/2015
Update Status	Updated