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2016 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*	<input type="text" value="James"/>
Last Name*	<input type="text" value="Crosby"/>
Title*	<input type="text" value="Director of Campus Safety"/>
Address 1*	<input type="text" value="1400 East College Drive"/>
Address 2	<input type="text"/>
City*	<input type="text" value="Cheyenne"/>
State*	<input type="text" value="Wyoming"/>
Zip*	<input type="text" value="82007"/> - <input type="text"/>
Phone*	<input type="text" value="307"/> - <input type="text" value="778"/> - <input type="text" value="1340"/>
Extension	<input type="text"/>
Fax	<input type="text" value="307"/> - <input type="text" value="778"/> - <input type="text" value="4300"/>
E-mail Address*	<input type="text" value="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> <div style="border: 1px solid black; padding: 5px;"> <p>Hours of Contact Monday-Friday 0800-1600</p> </div>

Institution: Albany County Campus (240620002)

User ID: C2406201

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	<input type="text" value="http://www.lccc.wy.edu"/>		
Chief Administrative Officer's Name*	<input type="text" value="Joe Schaffer"/>		
Chief Administrative Officer's Title*	<input type="text" value="President"/>		
Chief Administrative Officer's E-mail Address*	<input type="text" value="jschaffer@lccc.wy.edu"/>		
Telephone*	<input type="text" value="307"/>	- <input type="text" value="778"/>	- <input type="text" value="1248"/> Ext. <input type="text"/>

Campus Information

Campus Name*	<input type="text" value="Albany County Campus"/>		
Description	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country		
Address*	<input type="text" value="1125 Boulder Dr."/>		
City*	<input type="text" value="Laramie"/>		
State or Outlying Area*	<input type="text" value="Wyoming"/>		
ZIP Code*	<input type="text" value="82070"/>	- <input type="text"/>	
County	<input type="text" value="USA"/>		

Campus Safety Officer

Name*	<input type="text" value="James Crosby"/>		
Title*	<input type="text" value="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*	<input type="text" value="1400 E. College Dr."/>		
City*	<input type="text" value="Cheyenne"/>		
State or Outlying Area*	<input type="text" value="Wyoming"/>		
ZIP Code*	<input type="text" value="82007"/>	- <input type="text" value="3299"/>	
Telephone*	<input type="text" value="307"/>	- <input type="text" value="778"/>	- <input type="text" value="1340"/> Ext. <input type="text"/>
Email Address*	<input type="text" value="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 type="radio"/> Yes	<input checked="" type="radio"/> No	

Update Status

Date Completed	9/7/2016
Update Status	Updated

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