

2018 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 E. College Drive
Address 2	
City*	Cheyenne
State*	Wyoming
Zip*	82007 - 3299
Phone*	307 - 778 - 1340
Extension	
Fax	307 - 778 - 4300
E-mail Address*	jcrosby@lccc.wy.edu
Confirm E-mail Address*	
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 82007-3299
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 - 1248 Ext. <input type="text"/>

Campus Information	
Campus Name*	Albany County Campus
Description	
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	Albany

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 Drice
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 Drive
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	8/29/2018
Update Status	Updated