



**Virginia Department of Criminal Justice Services—  
Virginia Center for School and Campus Safety**

**THREAT MANAGEMENT CONSULTANT  
REQUEST FOR SERVICES**

**To be Completed by School / Campus Requesting Technical Assistance or Consultation**

<b>Date of Request:</b>	
<b>Requestor Name:</b>	
<b>Title:</b>	
<b>Affiliation (School/Campus):</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Summary of Request:</b>	
<b>Signature of Requestor:</b>	

**FOR DCJS USE**

<b>Request Received:</b>	
<b>Reviewer:</b>	
<b>Authorized:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Forwarded to Consultant:</b>	
<b>Notice to Requestor:</b>	

**FOR CONSULTANT USE**

<b>Date Received:</b>	
<b>Date Requestor Contacted:</b>	
<b>Date Service Completed:</b>	
<b>Hours of Service:</b>	