



CONCORDIA UNIVERSITY TEXAS
POLICE DEPARTMENT

CTX ALERT OPT-OUT FORM

- Please read form carefully -

THIS WILL REMOVE YOUR INFORMATION from CTX Alert and you will not be notified if an emergency happens.

DATE

NAME (Last, first, middle initial)

CTX ID Number

STREET ADDRESS

CITY

STATE

ZIP CODE

Primary Phone Number

Mobile Phone Number

Email Address

University Affiliation: (Please check one)

- Residential Student Commuter Student Faculty Staff

I knowingly and voluntarily choose not to participate in the CTX Alert emergency notification system. I understand that in the event of an emergency I will not receive first response notification of the emergency via phone, text or email. This opt-out form is good for one year and MUST be renewed EVERY YEAR by completing a new opt-out form.

SIGNATURE

DATE

Subscribed and sworn to before me by said affiant on this, the _____ day of _____, _____

Notary public in and for, State of Texas

My commission expires ____/____/____

Printed Name of Notary/Witness Officer

Notary Seal or Stamp

Signature

Notary Public in and for the State of Texas

For Administrative Use Only:
Date Received
Action Taken
Date
CTXPD Official Signature
Date

Complete this opt-out form, have it notarized and mail it:



Concordia University Texas Police Department
11400 Concordia University Dr. Office D-124
Austin, TX 78726