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2018 Campus Safety and Security Survey

Institution Information

Institution: Main Campus (155177001)

User ID: C1551771

Registration

- Required fields are indicated with asterisks (*).

Hesston College (Main Campus) (155177001)

First Name*
Last Name*
Title*
Address 1*
Address 2
City*
State*
Zip* -
Phone* - -
Extension
Fax - -
E-mail Address*
Confirm E-mail Address*
Comment

* 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.

Identification

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

Institution Information

Institution Name	Hesston College
Address	301 South Main Hesston, KS 67062-2093
Web Address	<input type="text" value="http://www.hesston.edu"/>
Chief Administrative Officer's Name *	<input type="text" value="Joseph Manickam"/>
Chief Administrative Officer's Title *	<input type="text" value="President"/>
Chief Administrative Officer's E-mail Address *	<input type="text" value="joseph.manickam@hesston.edu"/>
Telephone *	<input type="text" value="620"/> - <input type="text" value="327"/> - <input type="text" value="8233"/> Ext. <input type="text"/>

Campus Information

Campus Name *	<input type="text" value="Main Campus"/>
Description	<input type="text"/>
Location *	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country
Address *	<input type="text" value="301 South Main"/>
City *	<input type="text" value="HESSTON"/>
State or Outlying Area *	<input type="text" value="Kansas"/>
ZIP Code *	<input type="text" value="67062"/> - <input type="text" value="2093"/>
County	<input type="text" value="Kansas"/>

Campus Safety Officer

Name *	<input type="text" value="Juli Winter"/>
Title *	<input type="text" value="Dean of Students"/>
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="301 South Main"/>
City *	<input type="text" value="HESSTON"/>
State or Outlying Area *	<input type="text" value="Kansas"/>
ZIP Code *	<input type="text" value="67062"/> - <input type="text" value="2093"/>
Telephone *	<input type="text" value="620"/> - <input type="text" value="327"/> - <input type="text" value="8236"/> Ext. <input type="text"/>
Email Address *	<input type="text" value="juli.winter@hesston.edu"/>

Campus Fire Safety Officer

Name*

Title*

Location* State or Outlying Area Other Country Address same as campus

Address*

City*

State or Outlying Area*

ZIP Code* -

Telephone* - - Ext.

E-mail Address*

Lead Title IX Coordinator

Name*

Title*

Location* State or Outlying Area Other Country Address same as campus

Address*

City*

State or Outlying Area*

ZIP Code* -

Telephone* - - Ext.

Email Address*

Does your Institution have other designees who share these responsibilities? * Yes No

Update Status

Date Completed

Update Status

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