



# Liberty University Police Department Personnel Commendation Form

## Your Information (\*required)

Full Name*		
First Name	Initial	Last Name
Liberty University ID#		
Resident Hall	Room	
Address Line 1		
Address Line 2		
City	State	ZIP/Postal Code
Phone*	Email	

## Commendation Information

Date*	Location* (Address if applicable)
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## Names or description of person(s) you are commending:

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## Nature of Commendation: (If additional space is needed, please use back of form or attachments.)

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Signature:	Date:
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The completed form may be turned in at Liberty University PD or emailed to  
LUPD Professional Standards: [LUPDProfessionalStandards@liberty.edu](mailto:LUPDProfessionalStandards@liberty.edu)