

**RHODE ISLAND SCHOOL SYSTEMS**  
**UNIFORM WEAPONS SEIZURE REPORT**

LOG# \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street #) (Street) (City) (Zip Code)

TYPE OF WEAPON: \_\_\_\_\_  
\_\_\_\_\_

DISCOVERED/SEIZED BY: \_\_\_\_\_

DISPOSITION OF WEAPON/DATE: \_\_\_\_\_  
(Weapon(s))  
\_\_\_\_\_  
(Date)

DISPOSITION OF STUDENT: \_\_\_\_\_

TIME OF SEIZURE OF WEAPON: \_\_\_\_\_

LOCATION OF SEIZURE OF WEAPON: \_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Reviewer \_\_\_\_\_