



# University of California, Merced Report of Exclusion Order

On \_\_\_\_\_, Notice Provider \_\_\_\_\_,  
Date of Withdrawal of Consent Name and Title of Notice Provider (EVC/P, VCSAE, Chief of Police, Chief of Staff to Chancellor)  
who had been designated authority from Chancellor Muñoz, withdrew consent  
for \_\_\_\_\_ to remain on University Property.  
Name of Excluded Individual

In accordance with Cal. Penal Code § 626.4(b), I am providing the following information about the withdrawal of consent.

## Description of the Excluded Individual

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Statement of the facts giving rise to the withdrawal of consent. (to include date, time, place, and circumstances)** (Use an additional page if needed to fully explain. Attach photo of Excluded Person, if available):

## For Use by Notice Reviewer:

I have reviewed the above written report within 24 hours of the withdrawal of consent, including the underlying facts, and have determined that there ☐was ☐was not reasonable cause to withdraw consent.

\_\_\_\_\_  
Name and Title of Notice Reviewer

\_\_\_\_\_  
Signature of Notice Reviewer

\_\_\_\_\_  
Date/Time

Notice Reviewer must be one of the following: EVC/P, VCSAE, Chief of Police, Chief of Staff to Chancellor

Copies to: Chief of Police, Chief of Staff to Chancellor, Chair of Behavioral Intervention Team