

2017 Campus Safety and Security Survey

Institution Information

Institution: Main Campus (187903001)

User ID: C1879031

Registration

Required fields are indicated with asterisks ().

New Mexico Junior College (Main Campus) (187903001)	
First Name*	Dennis
Last Name*	Kelley
Title*	Director of Public Safety & Campus Security
Address 1*	5317 Lovington Highway
Address 2	
City*	HOBBS
State*	New Mexico
Zip*	88240 -
Phone*	575 - 492 - 2530
Extension	
Fax	575 - 492 - 2796
E-mail Address*	dkelley@nmjc.edu
Confirm E-mail Address*	
Comment	<p>* 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.</p> <p>My cellular phone is 24 hours a day. 575-408-2466</p>

Identification

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

Institution Information

Institution Name	New Mexico Junior College		
Address	5317 Lovington Hwy Hobbs, NM 88240		
Web Address	http://www.nmjc.edu		
Chief Administrative Officer's Name*	Kelvin Sharp		
Chief Administrative Officer's Title*	President		
Chief Administrative Officer's E-mail Address*	ksharp@nmjc.edu		
Telephone*	505	- 492	- 2545 Ext. 2545

Campus Information

Campus Name*	Main Campus		
Description	2 Year Public College		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country		
Address*	5317 LOVINGTON HWY		
City*	HOBBS		
State or Outlying Area*	New Mexico		
ZIP Code*	88240	-	
County	LEA		

Campus Safety Officer

Name*	Dennis Kelley		
Title*	Director of Public Safety & Campus Security		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus		
Address*	5317 Lovington Highway		
City*	HOBBS		
State or Outlying Area*	New Mexico		
ZIP Code*	88240	-	
Telephone*	575	- 492	- 2530 Ext.
Email Address*	dkelley@nmjc.edu		

Campus Fire Safety Officer

Name*	Dennis Kelley
Title*	Director of Public Safety & Campus Security
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	5317 Lovington Highway
City*	HOBBS
State or Outlying Area*	New Mexico
ZIP Code*	88240 - <input type="text"/>
Telephone*	575 - <input type="text"/> - 492 - <input type="text"/> - 2530 Ext. <input type="text"/>
E-mail Address*	dkelley@nmjc.edu

Lead Title IX Coordinator

Name*	Dennis Kelley
Title*	Director of Public Safety & Campus Security
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	5317 Lovington Highway
City*	HOBBS
State or Outlying Area*	New Mexico
ZIP Code*	88240 - <input type="text"/>
Telephone*	575 - <input type="text"/> - 492 - <input type="text"/> - 2530 Ext. <input type="text"/>
Email Address*	dkelley@nmjc.edu
Does your Institution have other designees who share these responsibilities? *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Update Status

Date Completed	8/30/2017
Update Status	Updated