

2016 Campus Safety and Security Survey

Institution Information

Institution: Main Campus (226116001)

User ID: C2261161

Registration

Required fields are indicated with asterisks ().

Lamar State College-Port Arthur (Main Campus) (226116001)	
First Name*	Deborrah
Last Name*	Hebert
Title*	Dean of Student Services
Address 1*	P.O. Box 310
Address 2	1500 Procter Street
City*	PORT ARTHUR
State*	Texas
Zip*	77614 - 0310
Phone*	409 - 984 - 6157
Extension	
Fax	409 - 984 - 6025
E-mail Address*	hebertda@lscpa.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>Cell 903-771-8865</p>

Identification

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

Institution Information

Institution Name	Lamar State College-Port Arthur
Address	1500 Proctor St Port Arthur, TX 77640
Web Address	<input type="text" value="http://www.lamarpa.edu"/>
Chief Administrative Officer's Name*	<input type="text" value="Dr. Betty Reynard"/>
Chief Administrative Officer's Title*	<input type="text" value="President"/>
Chief Administrative Officer's E-mail Address*	<input type="text" value="Betty.Reynard@lamarpa.edu"/>
Telephone*	<input type="text" value="409"/> - <input type="text" value="984"/> - <input type="text" value="6165"/> 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="1500 PROCTER ST"/>
City*	<input type="text" value="PORT ARTHUR"/>
State or Outlying Area*	<input type="text" value="Texas"/>
ZIP Code*	<input type="text" value="77640"/> - <input type="text"/>
County	<input type="text" value="JEFFERSON"/>

Campus Safety Officer

Name*	<input type="text" value="Deborrah Hebert"/>
Title*	<input type="text" value="Dean of Student Srrvices"/>
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="1500 PROCTER ST"/>
City*	<input type="text" value="PORT ARTHUR"/>
State or Outlying Area*	<input type="text" value="Texas"/>
ZIP Code*	<input type="text" value="77640"/> - <input type="text"/>
Telephone*	<input type="text" value="409"/> - <input type="text" value="984"/> - <input type="text" value="6157"/> Ext. <input type="text"/>
Email Address*	<input type="text" value="hebertda@lamarpa.edu"/>

Campus Fire Safety Officer

Name*	Steve Arnold
Title*	Director for Physical Plant
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	1500 PROCTER ST
City*	PORT ARTHUR
State or Outlying Area*	Texas
ZIP Code*	77640 - <input type="text"/>
Telephone*	409 - 984 - 6249 Ext. <input type="text"/>
E-mail Address*	Arnoldsw@lamarpa.edu

Lead Title IX Coordinator

Name*	Allison Wright
Title*	Purchasing Manager/Title IX Coordinator
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	1500 PROCTER ST
City*	PORT ARTHUR
State or Outlying Area*	Texas
ZIP Code*	77640 - <input type="text"/>
Telephone*	409 - 984 - 6117 Ext. <input type="text"/>
Email Address*	Verretar@lamarpa.edu
Does your Institution have other designees who share these responsibilities? *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Update Status

Date Completed	9/21/2016
Update Status	Updated