

2017 Campus Safety and Security Survey

Institution Information

Institution: Main Campus (193894001)

User ID: C1938941

Registration

•Required fields are indicated with asterisks (*).

New York Theological Seminary (Main Campus) (193894001)	
First Name*	<input type="text" value="Craig"/>
Last Name*	<input type="text" value="King"/>
Title*	<input type="text" value="Controller"/>
Address 1*	<input type="text" value="475 Riverside Drive"/>
Address 2	<input type="text" value="Suite 500"/>
City*	<input type="text" value="New York"/>
State*	<input type="text" value="New York"/>
Zip*	<input type="text" value="10115"/> - <input type="text" value=""/>
Phone*	<input type="text" value="212"/> - <input type="text" value="870"/> - <input type="text" value="1238"/>
Extension	<input type="text" value=""/>
Fax	<input type="text" value="212"/> - <input type="text" value="870"/> - <input type="text" value="1236"/>
E-mail Address*	<input type="text" value="Cking@nyts.edu"/>
Confirm E-mail Address*	<input type="text" value=""/>
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>Nestor Caraballo Assistant Controller 212-870-1226 (Phone) 212-870-1236 (Fax) NCaraballo@nyts.edu</p>

Identification

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

Institution Information

Institution Name	New York Theological Seminary		
Address	475 Riverside Dr Ste 500 New York, NY 10115		
Web Address	<input type="text" value="http://nyts.edu"/>		
Chief Administrative Officer's Name*	<input type="text" value="Rev. Dr. Dale T. Irvin"/>		
Chief Administrative Officer's Title*	<input type="text" value="President"/>		
Chief Administrative Officer's E-mail Address*	<input type="text" value="dirvin@nyts.edu"/>		
Telephone*	<input type="text" value="212"/>	- <input type="text" value="870"/>	- <input type="text" value="1211"/> 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="475 Riverside Dr Ste 500"/>		
City*	<input type="text" value="New York"/>		
State or Outlying Area*	<input type="text" value="New York"/>		
ZIP Code*	<input type="text" value="10115"/>	- <input type="text"/>	
County	<input type="text" value="New York"/>		

Campus Safety Officer

Name*	<input type="text" value="Tim Hogan"/>		
Title*	<input type="text" value="Building Manager"/>		
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="475 Riverside Drive"/>		
City*	<input type="text" value="New York"/>		
State or Outlying Area*	<input type="text" value="New York"/>		
ZIP Code*	<input type="text" value="10115"/>	- <input type="text"/>	
Telephone*	<input type="text" value="212"/>	- <input type="text" value="870"/>	- <input type="text" value="3011"/> Ext. <input type="text"/>
Email Address*	<input type="text" value="thogan@interchurch-center.org"/>		

Campus Fire Safety Officer

Name*	Tim Hogan
Title*	Building Manager
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	475 Riverside Drive
City*	New York
State or Outlying Area*	New York
ZIP Code*	10115 - <input type="text"/>
Telephone*	212 - <input type="text"/> 870 - <input type="text"/> 3011 Ext. <input type="text"/>
E-mail Address*	thogan@interchurch-center.org

Lead Title IX Coordinator

Name*	Tamisia White
Title*	Financial Aid Officer
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	475 Riverside Drive Ste 500
City*	New York
State or Outlying Area*	New York
ZIP Code*	10115 - <input type="text"/>
Telephone*	212 - <input type="text"/> 870 - <input type="text"/> 1229 Ext. <input type="text"/>
Email Address*	twhite@nyts.edu
Does your Institution have other designees who share these responsibilities? *	<input type="radio"/> Yes <input checked="" type="radio"/> No

Update Status

Date Completed	9/28/2017
Update Status	Updated