

2016 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 | 9/28/2016 |
| Update Status | Updated |