

2018 Campus Safety and Security Survey

Institution Information

Institution: Main Campus (487658001)

User ID: C4876581

Registration

Required fields are indicated with asterisks ().

Academy of Interactive Entertainment (Main Campus) (487658001)	
First Name*	Robin
Last Name*	Couvillon
Title*	Head of School
Address 1*	537 Cajundome Blvd
Address 2	Suite 211
City*	LAFAYETTE
State*	Louisiana
Zip*	70506 - <input type="text"/>
Phone*	337 - 205 - 6604
Extension	<input type="text"/>
Fax	337 - 232 - 0790
E-mail Address*	robinc@aie.edu.au
Confirm E-mail Address*	<input type="text"/>
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 Phone Number 504-338-5352</p>

Identification

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

Institution Information	
Institution Name	Academy of Interactive Entertainment
Address	537 Cajundome Boulevard #211 Lafayette, LA 70506-4293
Web Address	http://www.theaie.us/
Chief Administrative Officer's Name*	Robin L. Couvillon
Chief Administrative Officer's Title*	Head of School
Chief Administrative Officer's E-mail Address*	robinc@aie.edu
Telephone*	337 - 205 - 6604 Ext. <input type="text"/>

Campus Information	
Campus Name*	Main Campus
Description	
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country
Address*	537 Cajundome Boulevard #211
City*	Lafayette
State or Outlying Area*	Louisiana
ZIP Code*	70506 - <input type="text"/>
County	LA

Campus Safety Officer	
Name*	Robin L Couvillon
Title*	Head of School
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	537 Cajundome Blvd
City*	LAFAYETTE
State or Outlying Area*	Louisiana
ZIP Code*	70506 - <input type="text"/>
Telephone*	337 - 205 - 6604 Ext. <input type="text"/>
Email Address*	robinc@aie.edu

Campus Fire Safety Officer

Name*	Robin L Couvillon
Title*	Head of School
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	537 Cajundome Blvd
City*	LAFAYETTE
State or Outlying Area*	Louisiana
ZIP Code*	70506 - <input type="text"/>
Telephone*	337 - 205 - 6604 Ext. <input type="text"/>
E-mail Address*	robinc@aie.edu

Lead Title IX Coordinator

Name*	Robin L Couvillon
Title*	Head of School
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	537 Cajundome Blvd
City*	LAFAYETTE
State or Outlying Area*	Louisiana
ZIP Code*	70506 - <input type="text"/>
Telephone*	337 - 205 - 6604 Ext. <input type="text"/>
Email Address*	robinc@aie.edu
Does your Institution have other designees who share these responsibilities? *	<input type="radio"/> Yes <input checked="" type="radio"/> No

Update Status

Date Completed	9/17/2018
Update Status	Updated