



Clery Act Student Hotel / Student Housing Form (National & International)

This form is to be completed for University-related travel with students for anticipated travel time of 48hrs or more. Information provided will assist the University in meeting requirements under the Clery Act.

Group Name/Class: _____

Travel Contact: _____

Name	Title	
_____	_____	
Department	Phone	Email

Lodging Facility Information:

Note: If group is staying at more than one lodging facility, complete a separate form for EACH facility.

Name: _____

Address: _____

Travel Dates: Check-In ____/____/____ Check-Out ____/____/____

Law Enforcement Agency Having Jurisdiction for the lodging facility:

Note: Your lodging facility may be able to provide you with this information.

Agency Name: _____

Agency Mailing Address: _____

Phone Number: _____

Agency Email Address (if known): _____