

CLERY ACT STUDENT OVERNIGHT TRAVEL FORM

This form is to be completed after the trip for any College-related overnight travel that including students, including but not limited to athletics, academics, and clubs/organization trips.

Group Name: _____

Travel Contact Name: _____ Title: _____

Department: _____ Phone: _____

****I understand that I am a Campus Security Authority (CSA) for this trip, and I must report to Campus Police in a timely manner any crimes brought to my attention. ** (Initials) _____**

Travel Check-In Date: ____ / ____ / ____

Travel Check-Out Date: ____ / ____ / ____

Lodging Facility Information:

Please note that if your group is staying at more than one lodging facility (different addresses), you must fill out a separate form for each facility.

Lodging Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Specific Room Numbers Occupied: _____

This trip is: a one-time trip repeated each semester repeated annuallyIf repeated annually, do you: always stay here stay at various lodging facilities

Person Submitting Form Name: _____

Signature: _____ Date: _____

This form is also available online through the UVA Wise DEI website.

For questions and concerns, please contact Molly Land,

Mal7te@uvawise.edu or 276.328.0289.