CLERY ACT STUDENT TRAVEL FORM

This form is to be completed AFTER THE TRIP for any College-related overnight travel that includes students such as athletics, academics, clubs/organizations, etc.

Group Name: ____________________________________________

Travel Contact:
Name ____________________________ Title ____________________________
Department ____________ Phone ____________ Email ____________

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

Travel Dates: Check-in date _____/_____/______ Check-out date _____/_____/______

Lodging Facility Information:
Note: If group is staying at more than one lodging facility, please complete a separate form for EACH facility.
Name __________________________________________________________________________
Street Address __________________________________________________________________
City, State, Zip __________________________________________________________________
Specific floor(s), room number(s), or unit number(s) occupied __________________________
______________________________________________________________________________

This trip is:
☒ a one-time trip ☐ repeated each semester ☐ repeated annually
☐ other________________________________________________________________________

If trip is repeated, our group:
☒ always stays at the exact same lodging facility ☐ uses various lodging facilities with each trip

Person submitting form:
Name ____________________________ Signature ____________________________ Date ____________

Submit this completed form to: The Office of Compliance & Inclusion
OFFICE 276-276-3451 | EMAIL tabitha.smith@uvawise.edu

**This form is also available in online-submission format on the Compliance webpage.**

www.uvawise.edu/compliance