Clery Act Student Travel Form

This form is to be completed for all University-related overnight travel involving Students. This includes students in athletics, academics, clubs/organizations, etc.

Group Name: _____ **Reason for Travel:** _____

Travel Contact: _____ _____

Name Title

_____ _____ _____

Department Phone Email

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

Travel Dates: Departure from VU ___/___/___ Return to VU ___/___/___

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 numbers(s) occupied _____

_____

This trip is:

- ○ a one-time trip
- ○ repeated each semester
- ○ repeated annually
- ○ other (please explain) _____

If trip is repeated, our group:

- ○ always stays at the exact same lodging facility
- ○ uses various lodging facilities with each trip

Person submitting this form:

_____ _____ _____

Name Title Date

Submit this completed form to:

Adam C. Daugherty - Chief of Police
Phone: 812-888-5143 Email: policechief@vinu.edu