

Clery Act Student Travel Form

*This form should be submitted **AFTER** travel to ensure complete information.*

Today's Date: _____

Name of person submitting form: _____

Group Name: _____

TRAVEL CONTACT INFORMATION

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

Name: _____

Title: _____

Department: _____

Phone: _____

Cazenovia College email: _____

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: _____

Address:

Street Address: _____

City: _____

State: _____

Zip: _____

Specific floor(s), room number(s), or unit number(s) occupied: _____

THIS TRIP IS: (select one)

- a one-time trip
- repeated each semester
- repeated annually
- other

If you selected "other" above, please explain: _____

If trip is repeated, our group:

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

PLEASE SELECT ONE (1):

- To the best of my knowledge, no crime was committed in this place of lodging during the dates of our stay.
- During the time period of our stay, the following crime was reported to have occurred at this place of lodging. (*Please include as much detail as possible regarding the crime, to include date and time of crime, type of crime, whether or not victim is student or non-student of Cazenovia College.*)

Signature: _____