CLERY ACT STUDENT TRAVEL FORM

NOTE: UTC faculty and staff who lead a travel program (athletic trip, study abroad, volunteer service, research, or other service) are required to submit information about the names and locations of hotels, in order to assist the university in complying with the federal Clery Act. Please assist us in our federally mandated reporting by completing the information below for each program. **(This is a calendar year report, not academic year)**

Program/Group N	Name:					
Program Leader:						
	Name			Title		
	 Department			Phone Email		
Travel Dates:	Departure from UTC:/		, ,			
	•					
Lodging Informat	t ion: If staying	at more than	one facility, ple	ease complete a separate	form for EACH location.	
Hotel Name & Address		Check In Date	Check Out Date	Specific floor(s), room number(s) or unit number(s) occupied	Purpose at this location	
This trip is: a one-time t other: If trip is repeated			l each seme	·	eated annually	
☐ always stays at the exact same lodging facility ☐ uses various lodging facilities each trip						
Does the program include overnight side trips? ☐ Yes ☐ No						
Person submitting this form:						
Name		Signature		Date		

Submit this completed form to: