
CLERY ACT STUDENT TRAVEL FORM

This form is to be completed 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

Travel Dates: Departure from LCSC ____/____/____ Return to LCSC ____/____/____

Note: If group is using more than one facility, please complete information for each facility.

Lodging Facility Information Classroom Facility Information Other Location _____

Dates of stay/use: from: ____/____/____ to: ____/____/____

Name: _____

Street Address: _____

City, State, Country, Zip _____

Specific floor(s) and room number(s) occupied _____

Lodging Facility Information Classroom Facility Information Other Location _____

Dates of stay/use: from: ____/____/____ to: ____/____/____

Name: _____

Street Address: _____

City, State, Country, Zip _____

Specific floor(s) and room 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 this form:

Printed Name/Title	Signature	Date
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Submit this completed form to:

Ashley Hull, Director of Public Safety
Phone: 208-792-2226 Email: anhull@lcsc.edu