

CLERY ACT STUDENT TRAVEL FORM

NOTE: University of New Haven 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 Name: _____

Program Leader: _____

Name

Title

Department

Phone

Email

Travel Dates: Departure from UHN: ___/___/___ Return to UNH: ___/___/___

Lodging Information: *If staying at more than one facility, please 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 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 each trip

Does the program include overnight side trips? Yes No

Person submitting this form:

Name

Signature

Date

Submit this completed form to:

Clery Compliance
Email: Clery@newhaven.edu

Any questions contact Chris Reed at 203-932-7010