



1 College Avenue, Wise VA, 24293 | 276.276.3451

## CLERY ACT STUDENT OVERNIGHT TRAVEL FORM

This form is to be completed after the trip for any College-related overnight travel that including students, including but not limited to athletics, academics, and clubs/organization trips.

Group Name: \_\_\_\_\_

Travel Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*I understand that I am a Campus Security Authority (CSA) for this trip, and I must report to Campus Police in a timely manner any crimes brought to my attention. \*\* (Initials) \_\_\_\_\_**

Travel Check-In Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Travel Check-Out Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Lodging Facility Information:

Please note that if your group is staying at more than one lodging facility (different addresses), you must fill out a separate form for each facility.

Lodging Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specific Room Numbers Occupied: \_\_\_\_\_

This trip is: a one-time trip repeated each semester repeated annually

If repeated annually, do you: always stay here stay at various lodging facilities

Person Submitting Form Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form is also available online through the UVA Wise DEI website.  
For questions and concerns, please contact Haley Kiser,  
hsk5w@uvawise.edu or 276.376.3451*