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 Leader: Name Title	Program/Group N	Name:				
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 Out Date Specific floor(s), room number(s) or unit 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 each trip Does the program include overnight side trips? Yes No Person submitting this form:	Program Leader:				Title	
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	Does the program	n include ove	rnight side	e trips?	☐ Yes ☐ No	
Name Signature Date	Person submitting	g this form:				
	Name		S	ignature		Date

Submit this completed form to:

Clery Compliance Email: Clery@newhaven.edu