



CLERY ACT COMPLIANCE STUDENT TRAVEL FORM

This form is to be completed for and University-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 UM-Flint ___/___/___ Return to UM-Flint ___/___/___

Lodging Facility Information:

Note: If group is staying at more than one lodging facility, please complete a separate form for EACH facility.

Name _____

Street Address _____

City, State, Zip _____

Specific floor(s), room number(s), or unit numbers(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:

Name	Signature	Date
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Submit this completed form to:

Sgt. Heather McDonald, Clery Compliance Coordinator
Phone: 810-237-6512 | Email:mcdonalh@umflint.edu