
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 from LCSC ____/____/____

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, Country, Zip _____

Specific floor(s), 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

Submit this completed form to:

JoAnn Gilpin, Director of Security and Emergency Preparedness

Phone: 208-746-2747 Email: jgilpin@lcsc.edu

