

Idaho State University
Clery Act Student Travel

This form is to be completed AFTER THE TRIP for any University-related overnight travel that includes students such as athletics, academics, clubs/organizations, etc.

Travel Contact: _____
Name Title

Department Phone Email

This trip for an individual student or a group of students:

Individual student

Group name: _____

Group Leader: _____

I understand that I am a Campus Security Authority (CSA) for this trip and must report to Public Safety in a timely manner any crimes brought to my attention.

Travel Dates: Check-in date _____ Check-out date _____

Lodging Facility Information:

Note: If student(s) 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 number(s) occupied _____

Space rented besides lodging (i.e. classrooms, parking spaces, practice facilities, etc.)

Note: If student(s) using more than one facility besides lodging, please complete a separate form for EACH facility.

Name _____
Street Address _____
City, State, Zip _____
Specific floor(s), room number(s), or unit number(s) occupied _____

This trip is:

a one-time trip repeated each semester/year other _____

If trip is repeated, student(s):

always stays at the exact same lodging facility uses various lodging facilities with each trip

Person submitting form: _____
Name Signature Date

Submit this completed form to: clery@isu.edu
For questions, contact the Clery Compliance Coordinator at (208) 282-2515