



CLERY ACT STUDENT TRAVEL FORM

This form is to be completed for any University-related overnight travel
That includes students such as athletics, academics, club/organization, etc.

Group Name: _____

Travel Contact: _____

Name

Title

Department

Phone

Email

Travel Dates: Departure from MSU _____ Return to MSU _____

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 number(s) occupies

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 with each trip

Please select one (1):

☐ To the best of my knowledge, no crime was committed in this place of lodging during the
dates of our stay.

☐ During the time period of our stay the following crime was reported to have occurred at this place
of lodging. Please refer to page two.

Person submitting this form:

Name

Signature

Date

Submit this completed form to:
Aundrey Livingston, Clery Compliance Coordinator
Phone: 701-858-4018 Email: a.livingston@minotstateu.edu



Please include as much detail as possible regarding the crime, include date and time of crime, type of crime, weather of not the victim is student or non-student of Minot State University.

Submit this completed form to:
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