## **CLERY ACT STUDENT TRAVEL FORM**

That include the <b>coach, t</b>	to be completed for an Uni es students such as athletics <b>rip leader</b> , etc. <b>you are con</b> ease see Robin Johnson in ti	s, academics, med Isidered a Campus	ical, clubs/orga <b>Security Autho</b>	nizations, etc. As your o prity (CSA) and will requ	capacity as ire CSA
Authority.					
Sport or Group I	Name:				
Fravel Contact:					
Name				Title	
Departn	nent	Phone	Email		
Travel Dates:	Departure from LMU:				
Total Numb	er of Students Traveling				
	f Faculty/Staff Traveling				
		<b>It the travel rost</b>			ıcility.
Hotel Name:					
Street Address	s:				
City:			State:	Zip:	
Specific floor(s),	and room number(s) occu	pied:			
i <b>s trip is:</b>	rip Repeated	l each semester		Repeated Annually	
t <b>rip is repeated,</b> Always stays	our group: at the exact same lodging	facility	Uses various	lodging facilities with e	
rcon cubmitting					ach trip
ison submitting	this form:				ach trip
rinted Name	this form:	Signature			ach trip Date

## TRAVEL ROSTER FOR DEPARTMENT OF:

	NAME	Student	Faculty/Staff	Room #
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