

Hannibal-LaGrange University PUBLIC SAFETY **STUDENT OVERNIGHT LODGING FORM**

U.S. Department of Education requires crime statistics be collected when HLGU students attend certain overnight travel events. Completion of this form will be used to determine the need for statistical data. Failure to report certain statistics can result in a fine to the institution. (2016 Handbook for Campus Safety and Security Reporting)

PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR TRAVEL AND FORWARD TO PUBLIC SAFETY.

(PLEASE MAKE SU	RE THE INFORMATIO	N IS READABLE	.)			
1. Is your travel a	Hannibal-LaGrange	sponsored ever	nt?Yes 🗋	No 🔲		
2. Who is sponso	ring this overnight tri	p?				
3. Will you be sta	ying more than one r	night? Yes 🗋	No 🔲			
4. To your knowle	dge has the lodging	been used by a	n HLGU group	within the past ye	ear? Yes 🗋	No 🗖
EVENT ATTENDED						
What was the even	t attended?					
	Time:					
	ding(s) did the event					
		·				
Name:						
Name: City:		Zip:	Phone#: _			
Name: City: Room(s) used:	State:	Zip:	Phone#:	,,	,,	
Name: City: Room(s) used: Check in date:	State:	Zip:	Phone#: _ , Check out da	,,	,,	
Name: City: Room(s) used: Check in date: (If possible please	State: , Time: _	Zip: , lodging receipt)	Phone#: _ , Check out da	,, ite:	,,	
Name: City: Room(s) used: Check in date: (If possible please Name: (Please prin	State: , Time: _ attach a copy of the	Zip: , lodging receipt)	Phone#: , Check out da)	,, hte:	,,,,,,,,,	
Name: City: Room(s) used: Check in date: (If possible please Name: (Please prin	State: , Time: _ attach a copy of the it.)	Zip: , lodging receipt)	Phone#: , Check out da)	,, hte:	,,,,,,,,,	
Name: City: Room(s) used: Check in date: (If possible please Name: (Please prin Signature:	State: , Time: _ attach a copy of the it.)	Zip: , lodging receipt)	Phone#: , Check out da)	,, hte:	,,,,,,,,,	,
Name: City: Room(s) used: Check in date: (If possible please Name: (Please prir Signature: DPS USE ONLY	State: , Time: _ attach a copy of the it.)	Zip: , lodging receipt)	Phone#: , Check out da)	,, nte:, _ Date:/	,,,,,,,,,	
Name: City: Room(s) used: Check in date: (If possible please Name: (Please prin Signature: Signature: DPS USE ONLY Clery Crime State	State: , Time: _ attach a copy of the it.)	Zip: , lodging receipt) No 🔲 Date: _	Phone#: , Check out da) ///_	,, hte:, _ Date:/	,,,,,,,,,,,	,
Name: City: Room(s) used: Check in date: (If possible please Name: (Please prin Signature: Signature: Clery Crime State Reviewing Office	State: Time: _ attach a copy of the it.) s Needed: Yes 🔲 1	Zip: , lodging receipt) No 🔲 Date: _	Phone#: , Check out da) // Agency Con	,, hte:, _ Date:/	,, _ Time:, 	,