



**Jeanne Clery Act Dispositions**

To be in compliance with the legal requirements imposed to all University Student Dormitories by the "JEANNE CLERY ACT", as amended in 2010, it is established and required that beginning on the date of October 1, 2010, any university that provides residence housing accommodations to students shall request the following student information that appear in this page.

"Furthermore, I the undersigned, establish that I fully understand and agree to provide this information that is required for purposes of compliance with the above mentioned legal requirements. I understand that if I disappear involuntarily for a period exceeding twenty-four (24) hours or more, or if I am kidnapped, the "JEANNE CLERY ACT" imposes a duty to the University institution to which I belong, in this case the University of Puerto Rico, Río Piedras Campus, to report this fact to one of the contacts that I provide in this document. This person will be called in case of emergency or disappearance for a period of more than twenty four (24) hours and or in case that I have been kidnapped. If that happens, I authorize the University officials to execute the procedures established by it, and for this purpose I provide the required information and sign this document".

**Authorization to Comply with Jeanne Clery Act**

I, \_\_\_\_\_ with student number \_\_\_\_\_ of room. \_\_\_\_\_,  
(Student name)

authorize the Administration of Plaza Universitaria in compliance with the statutes of Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistic Act contact confidentially with the contacts listed below in the case that my whereabouts are not known for a period exceeding 24 Hours. I also allow the Administration of PU notify directly the Police of Puerto Rico in case that my contacts cannot be located.

**Parent, Legal guardian or family members contact information:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Home Postal Address: \_\_\_\_\_  
(Please include City and Zip Code)

Relationship with student \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Home Postal Address: \_\_\_\_\_  
(Please include City and Zip Code)

Relationship with student \_\_\_\_\_

I also provide the following information to assist in my identification:

Weight: \_\_\_\_\_ Pounds. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height \_\_\_\_\_ Ft. \_\_\_\_\_ Inches

Tattoos or other body marks: \_\_\_\_\_

\_\_\_\_\_  
Student Signature