



**The Uniform Crime Reporting Act
2014 Assurance of Compliance**

Institution Information		
Institution		
Campus		
Address		
City	State	Zip
Assurance Statement		
I assure that this institution of higher education is in compliance with the Uniform Crime Reporting Act and Chapter 33 of the Regulations of the State Board of Education of Pennsylvania.		
Name		
Title		
Telephone Number	E-mail Address	
Date		

Signature

Please e-mail signed form by March 1, 2014 to RA-higheredreporting@pa.gov

**Please note that an assurance form must be completed for the main campus,
as well as each branch campus.**