

**The Uniform Crime Reporting Act
2017 Assurance of Compliance**

Institution Information	
Institution	
Campus	
Address	
City	
State	
Zip Code	

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 upload signed form by March 1, 2017 to the

[Postsecondary Education Annual Report Forms SharePoint Library](#).

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