The University of Oklahoma
STUDENT TRAVEL AUTHORIZATION REQUEST
University Sponsored or Organized Travel

Student Group/Organization Name (If Applicable) _______________________________________________________

Organization’s Faculty/Staff Adviser Name (If Applicable) _____________________________________________

Name of University Employee Responsible for Trip ____________________________________________________

Title____________________________________Administrative Unit/Department ______________________________

Office Phone: ________________  Cell Phone: ________________  E-Mail: __________________________

TRIP INFORMATION: Purpose of Trip _______________________________________________________________
                                                                                               _______________________________________________________________

Destination: _______________________________________________________________________________________

TRAVEL DATES: Departure__________________________  Return _____________________________

Total Number of Student Participants_______________     Total Number of Non-Student Participants ________________

LODGING ARRANGEMENTS: (Name and Address) ____________________________________________________
                                                                                               _______________________________________________________________

________________________________________________________Phone _____________________________________

TRAVEL ARRANGEMENTS:
VEHICLE(Indicate number traveling by each method):   _____Rental Vehicle  _____Personal Vehicle
                                                _____OU-Owned Vehicle    _____Other  __________________________________________

Name(s) of Drivers* _________________________________________________________________________________
                                                                                               _______________________________________________________________

*All drivers must be provided with a copy of the current Student Travel Policy and agree to abide by it.

EMERGENCY CONTACT:
Name of OU employee serving as on-call emergency contact _________________________________________________

Office Phone ______________________  Cell Phone ______________________  Home __________________________

REQUIRED DOCUMENTS:
University employee responsible for the trip must initial below that they have acquired and will keep on file all of the
following documents as required by the University’s Records Retention Policy:

_______  List of Participants, Campus Addresses, Local Phone(s) and Emergency Contacts
_______  Copies of all Driver’s Licenses for All Drivers (if applicable)
_______  Proof of Current Liability Insurance (if using personal vehicles only)
_______  Medical Information and Voluntary Assumption of Risk and Informed Consent forms
  for All Participants
EMPLOYEE RESPONSIBLE FOR TRIP APPROVAL:
My signature below verifies that I have read The University of Oklahoma Student Travel Policy for Registered Student Organizations and affirm that this trip meets all requirements of that policy.

Name ____________________________________________ Date ________________________
Title ____________________________________________ Signature ________________________

OFFICE OF THE VICE PRESIDENT FOR STUDENT AFFAIRS APPROVAL:

☐ Travel Request Approved
☐ Travel Request Denied

Name ____________________________________________ Date ________________________
Title ____________________________________________ Signature ________________________

FOR STUDENT AFFAIRS USE ONLY
Notification Made by __________________________________ via _____________________________
on (Date) ____________________________ (Time) ____________________________
NOTES: __________________________________________________________________________
_________________________________________________________________________________