The University of Oklahoma
STUDENT TRAVEL AUTHORIZATION REQUEST
Registered Student Organization Travel

Name of Registered Student Organization ______________________________________________________

Organization’s Faculty/Staff Adviser Name ______________________________________________________

Adviser’s University 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 _______________________________________________

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:
RSO’s President and Adviser 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:

President  Adviser

______  ______  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 Waiver and Release of Liability forms for All Participants
REGISTERED STUDENT ORGANIZATION’S PRESIDENT 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______________________________________

REGISTERED STUDENT ORGANIZATION’S FACULTY/STAFF ADVISER 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

☐ Registered Student Organization Status Verified
☐ Travel Dates Reviewed. Students will miss _____ days of class.
☐ Advisor’s Signature Reviewed
☐ Required Document’s Initials Reviewed

Notification Made by __________________________________________ via __________________________________
on (Date) __________________________________________ (Time) __________________________________

NOTES: __________________________________________________________________________________________