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 ____________________________________________

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:
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 Voluntary Assumption of Risk and Informed Consent 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----------------------------------------------------------------------------------------------------------------------------------
Notification Made by __________________________ via _______________________
on (Date)___________________________ (Time)___________________________

NOTES: ________________________________________________________________________________________________
______________________________________________________________________________________________