

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: _____
