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) ___________________________________________

____________________________________________________________________________________

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 Waiver and Release of Liability 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-----------------------------------------------

☐ Travel DatesReviewed. Students will miss _____ days of class.
☐ Employee’s Signature Reviewed
☐ Required Document’s Initials Reviewed

Notification Made by ____________________________ via ____________________________
on (Date)_________________________ (Time) ____________________________

NOTES: __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________