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 __________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

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: __________________________________________________________________________________________
_________________________________________________________________________________________________