Student Activities and Organizations

# Student/Group Travel Form

Form 27-3 09/19/2014

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### Complete this form and submit with the *Student/Group Travel List* and a waiver of liability for each student to the appropriate university administrator at least ten days prior to the date of travel (pursuant to HOP STU 6-600). For questions regarding this form, contact Student Activities and Organizations at (817) 272-2293.

#### Sponsoring Department or Organization:

**The campus sponsor is a:** Registered Student Organization University Department Other:

#### Trip Coordinator: Office Phone:

(Designated primary contact for the trip)

#### Cell Phone: Email:

**Destination Activity:**

(name or program, conference, tournament or event)

**Departure-Date: Time: Return-Date: Time:**

## Itinerary (Include anticipated stops with estimated date/time of each. Attach additional page if necessary):

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

#### Mode of transit:

Airline

( Carrier: , Flight Number: )

*(Select all that apply)*

University-owned vehicle Rented vehicle

Personal vehicle

( License plate: , State: )

#### Lodging:

Other

Explain:

(Name of hotel, residence, campus, etc.)

#### Physical Address: City: State: Has your group stayed at this location previously? Yes No

**If yes, please list dates of prior visits:**

**Approval by Authorized University Administrator**

This is the faculty/staff advisor of a registered student organization; Fraternity and Sorority Life (chapters of CPH, IFC, MGC or NPHC); Campus Recreation (for sport clubs); or the appropriate dean, director or department head (as designated for a particular group).

Printed Name / Department Signature Date

***Upon approval the administrator shall forward a copy of this form along with the* Student/Group Travel List *to Student Activities and Organizations:*** [***sao@uta.edu,***](mailto:sao@uta.edu) ***fax 817-272-7352, or Rm. B120 University Center. Retain a copy along with waivers of liability.***

**For Review By Student Activities Organizations**

**Received by: Date of review:**

**Recommended Follow-up:**

(completed on date:

,initials:

)

Forward to University Police Dispatch

Meet with group

Other

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

Student Activities and Organizations

# Student/Group Travel List

### Form 27-3 09/19/2014

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*Please print or type*

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Student 1000 Number (Last 6 digits) or Driver's License Number if not a Student** | **Relationship to University (\*\*)** | **Allergies, Illness, or Special Needs** | **Emergency Contact Person (someone not on trip)\*\*\*** | **Contact Phone Number** |
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*\*\*(i.e., student, spouse of student, dependent of student, friend, employee, spouse of employee, dependent of employee)*

Remove Row

Add Row

*\*\*\*Emergency contact may not be someone participating in this trip.*

Add Page

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