



**COLGATE UNIVERSITY**

**Dean of the College**

**Student Organization Travel Authorization Form**

Please use these guidelines if you are planning any student organization travel: - All student organizations must complete this form prior to traveling.

- All students traveling must sign an Assumption of Risk and Responsibility (AAR) Form and

A Medical Information Form

- All student travel is expected to follow the Student Domestic and Canadian Travel Policy.

---

**Information to be entered by Student Trip Leader:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Gate ID: \_\_\_\_\_

Phone number to be used to reach you during event: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Location where group will be staying (include phone number)

\_\_\_\_\_

Dates of Event:

Event begins (Month) (date) \_\_\_\_\_

Event ends (Month) (date) \_\_\_\_\_

How will you be traveling (circle from the following)

Colgate vehicle

Car rental

Zipcar

Contracted bus service

Plane

Train

Travel Itinerary:

Leave Colgate Month-day-time \_\_\_\_\_

Arrive site Month-day-time \_\_\_\_\_

Leave site Month-day-time \_\_\_\_\_

Arrive Colgate Month-day-time \_\_\_\_\_

Hotel Accommodations [each night]:

Name of Hotel:

Address:

Phone:

Fax:

---

Total number of students traveling: \_\_\_\_\_

Please provide the following information for all students participating in the trip: (attach extra sheet if needed)

Name: \_\_\_\_\_

GATE ID: \_\_\_\_\_

Local contact number or cell phone: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

GATE ID: \_\_\_\_\_

Local contact number or cell phone: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

GATE ID: \_\_\_\_\_

Local contact number or cell phone: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

GATE ID: \_\_\_\_\_

Local contact number or cell phone: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

---

**University representative information\*\*:**

Name of Colgate Adviser: \_\_\_\_\_

Title: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**\*\* (Required for trips longer than 48 hours)**

Additional comments or data:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed copies of this form must be submitted to the department sponsoring the trip, the Department of Campus Safety and the Office for Off Campus Study [overnight trips] at least 5 days before trip departure, and an updated student list must be left with the Department of Campus Safety and the Advising Department on the day of departure.