Form #_____

Austin Peay State University
Division of Student Affairs

Student Travel Form

Please fill out Student Travel form and Assumption of Risk and Release of Liability Form. These three forms must be submitted to the Division of Student Affairs Office, MUC 206, 10 business days prior to the trip.

Date: _____

Department/Organization Information

Department/Organization: _____

Faculty/Staff Sponsor Name: _____ Faculty/Staff Sponsor Phone: _____

APSU Position Title: _____ F/S Sponsor Email: _____

Chaperone Name: _____ Chaperone Phone: _____

APSU Position Title: _____ F/S Sponsor Email: _____

Travel Information

Type of Travel: ☐ Individual Travel ☐ Group Travel ☐ Conference ☐ Field Trip ☐ Tournament/Competition ☐ Other _____

Purpose of Travel: _____

Start Date of Travel: _____ End Date of Travel: _____

Location: _____

Lodging/Hotel Name: _____

Lodging/Hotel Physical Address: _____

Type of Transportation

☐ Personal Vehicle ☐ University Vehicle ☐ Rental ☐ Air/Bus Transportation (Attach air itinerary)

Company: _____ (for Rental/Air/Bus Transportation)

Driver Name: _____ Driver Phone: _____

Signature Approval

1. _____ _____ _____
   Faculty/Staff Sponsor Name | Faculty/Staff Sponsor Signature | Date

2. _____ _____ _____
   Department Head | Department Head Signature | Date

3. _____ _____ _____
   Division of Student Affairs Approval | Signature | Date

#	PARTICIPANT FULL LEGAL NAME and A NUMBER	HEALTH INSURANCE	ALLERGIES, ILLNESS, SPECIAL NEEDS	EMERGENCY CONTACT & RELATIONSHIP*	EMERGENCY CONTACT PHONE NUMBER
1					
2					
3					
4					
5					
6					
7					
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9					
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11					
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25					
26					

*f=father, m=mother, sp=spouse, fr=friend, s=sister, b=brother, gp=grandparent, d=daughter, sn-son, a=aunt, u=uncle

Form # _____

#	PARTICIPANT FULL LEGAL NAME and A NUMBER	HEALTH INSURANCE	ALLERGIES, ILLNESS, SPECIAL NEEDS	EMERGENCY CONTACT & RELATIONSHIP*	EMERGENCY CONTACT PHONE NUMBER
27					
28					
29					
30					
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