HAMLINE UNIVERSITY

Overnight Student Travel Authorization and Registration Form

All overnight student travel must receive authorization prior to traveling and register itinerary and emergency contact details with the appropriate authority. Trip participants must adhere to all guidelines stated in the Student Travel Policy. Complete all sections of this form and any supplemental documents for submission and approval at **least 2 weeks prior** to the scheduled departure date to allow sufficient time for your request to be reviewed.

Trip Information

Group Name: _____

Destination(s): _____ Travel Date: _____

Reason for Travel/Planned Activities:

_____

Trip Coordinator *(With approval, this person can be a Hamline student):*

Name: _____ Cell Phone: _____

Hamline ID#: _____ Email: _____

Faculty/Staff Advisor: _____ Cell phone: _____

Transportation Information *Indicate all methods of travel for this trip*

☐ **Personal Vehicle** Owner Name: _____ Year: _____ Make/Model: _____ Color: _____ License Plate #: _____	☐ **Hamline Van** Van Type: ☐ Activities ☐ Athletics ☐McVay Number of vans total: _____
☐ **Rental/Chartered Vehicle** Company: _____ # of Vehicles: ____ Vehicle Type: _____ *Please attach a copy of the rental agreement.*	Authorized Driver #1: _____ Authorized Driver #2 (if applicable): _____ Vehicle Use Policy documents completed? ☐**Yes** ☐**No**
☐ **Flight Information Attached** *Please attach all flight itineraries to this form*	☐ **Other** *Please attach explanatory documents to this form*

Itinerary Details

Date/ Time (Estimate if needed)	List Activities, starting with departure and concluding with return to HU

Lodging Information *Only complete if your trip requires an overnight stay*

Accommodation Name: _____ Accommodation Type:_____

Address: _____ Phone: _____

# of Rooms Reserved: _____ Check-In Date: _____ Checkout Date:_____

Indicate roommate arrangements below in Travel Participant Roster section. Sign below to verify that participants unanimously agree with and are comfortable with the roommate assignments:

Signature of Trip Coordinator:_____

Travel Participant Roster

*List **ALL PARTICIPANTS** who will be traveling; use additional sheets, if needed*

Name	Hamline ID	Room Assignment	Trip Driver	Emergency Information	Waiver
			❑	❑ Attached ❑ On file	❑ Attached ❑ On file
			❑	❑ Attached ❑ On file	❑ Attached ❑ On file
			❑	❑ Attached ❑ On file	❑ Attached ❑ On file
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			❑	❑ Attached ❑ On file	❑ Attached ❑ On file

Accompanying Hamline Faculty and/or Staff				
Name	**Hamline ID**	**Trip Driver**	**Cell/Emergency Phone Number**	**Emergency Information**
		❑		❑ Attached ❑ On file
		❑		❑ Attached ❑ On file
		❑		❑ Attached ❑ On file
		❑		❑ Attached ❑ On file

The opportunity to travel is a ***privilege*** that carries with it a great deal of personal responsibility. As a representative of Hamline University, all participants are expected to conduct themselves in the most positive way possible at all times. Each participant must adhere to all federal/state/local laws, and university policies, rules, and regulations. Hamline University reserves the right to issue sanctions, including but not limited to, denying or revoking participation in future university-related travel for individuals found in violation of university policies. In addition, violation of university policies may require referral to the appropriate Dean of Students Office for judicial review.

For more details regarding university policies, please visit: http://www.hamline.edu/policies/

Office Use Only

Submitted by: _____ Submitted to: _____ Date Submitted:_____

Request: ☐ Approved ☐ Denied (reason): _____

Approved by: _____ Date Approved: _____

Note: