

University of Arkansas
Notification of Student Travel Plans

Instructions: Prior to leaving on a trip, the sponsor should send a completed copy of this form to the Office of the Dean of Students and the Office of the College Dean of the participating students. If corrections are necessary, the form must be resubmitted to both the Dean of Students and the College Dean(s).

Identification-Name of Group: _____

Purpose of Trip: _____

Location of Trip: _____

Departure Date and Time: _____

Return Date and Time: _____

Primary Method(s) of Transportation Used (please circle): University Fleet Vehicle Personal Vehicle
Air/Airline Rental Vehicle Train Bus Other _____

Itinerary: Please list those points at which members of the group can be contacted in case of emergency:

Address (City, hotel, institution, etc.)	Phone number	Dates and Hours

Members of Groups: Please type the names and colleges of students and faculty who are expected to make the trip. Designate the sponsor by placing an "s" after their name(s). Please attach an additional sheet if necessary.

Name	College	Name	College

As per the Student Travel Regulations, emergency contact information (and optional health insurance information) must be collected from each person on the trip prior to leaving. Two copies of this will be kept, one with the sponsor or someone on the trip, and one with someone here at the university. Please list the name and telephone numbers, both at work and at home, of the person at the university who will have this information:

Name: _____
Work Phone: _____
Other Phone: _____

By signing below, I acknowledge that I have read the policy entitled Travel for Students Representing the University of Arkansas and have shared it with the students traveling on this trip.

Signature of Sponsor/Administrator: _____ Date: _____

Forward this form to: Melissa Harwood-Rom, Dean of Students, 325 Administration Building, FAX: 575.7547. Forward second copy to the appropriate College Dean(s) listed above. If travel is funded by ASG, please also fax to Jody Preece, ASG Office Manager, 575-7087.

STUDENT INFORMATION REQUEST

University of Arkansas policy requires that we collect emergency contact information and health insurance information (if student is insured) from all students going on a University-sponsored trip. Please complete the following information and return it to _____.

NAME: _____ UA ID Number (required) _____

CONTACT INFORMATION FOR STUDENT: Your cell phone _____
Your email _____

COLLEGE OF ENROLLMENT (circle one or more- all grad students circle GRAD):
AFLS ARCH ARSC EDUC ENGR WCOB HONORS GRAD LAW

IMPORTANT PERSONAL INFORMATION (allergies, illnesses or conditions we need to be aware of, etc.):

Required information:

EMERGENCY CONTACT (**MUST** BE SOMEONE **NOT GOING** ON TRIP WITH YOU)

NAME _____ PHONE _____

INSURANCE INFORMATION:

(Insurance information must be provided. If you are uninsured, put “no insurance” in this section)

Company: _____

Policy/Group numbers: _____

Phone number: _____

Other relevant information: _____

(e.g., name of insurance holder if not yourself)

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**ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OPERATE
UNIVERSITY/STATE VEHICLES AND PRIVATE VEHICLES
ON UNIVERSITY/STATE BUSINESS**

Agency Code: 135

Agency: University of Arkansas, Fayetteville Division: _____

Employee Name: _____

Date of Birth: _____/_____/_____
 mm dd yyyy

Drivers License Number: _____ State: _____

Initial Each of the Following:

_____ I understand that as permitted by Arkansas Code Ann. §27-50-906 the Office of Driver Services will notify my employer each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Information Network of Arkansas.

_____ I understand that because of my driving record I may not be permitted to drive on University/state business.

_____ I will participate in all required Defensive Driving Classes.

_____ I will report all accidents that occur on University/state business to my employer
1) within 24 hours of the occurrence or by the next working day if the accident occurs in a University/state vehicle and 2) within 7 working days if the accident occurs in a private vehicle.

_____ I have read the Driving Safety Tips provided by my employer.

_____ I understand that I must maintain liability coverage, as required by state law, on my personal vehicles that I drive on University/state business.

Employee Signature

_____/_____/_____
Date

**Please Complete and Return with Original Signature to:
University of Arkansas, Risk Management Office
321 Administration Building, Fayetteville, AR 72701**

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