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:

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<th>Address (City, hotel, institution, etc.)</th>
<th>Phone number</th>
<th>Dates and Hours</th>
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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.

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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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NAME: ___________________________ UA ID Number (required) ______________________

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  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)
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                      VSP-1