

**OPTIONAL EVENT: STUDENT TRAVEL REQUEST CHECKLIST**  
**WESTERN OREGON UNIVERSITY**

To ensure all Student Travel Requests requirements are met, follow this checklist in numerical order. Include this signed checklist with your Travel Request submission. Forms must be submitted to the Office of the Vice President of Student Affairs (VPSA) for approval prior (no less than 48 hours prior) to travel to the event or activity. Copies of completed and approved Travel Requests will be sent to Campus Public Safety, the contact person, and ASWOU (for clubs/orgs).

**1. Driver Authorization** (*complete all that apply*) – **Form(s) turned in to Campus Public Safety.** Allow up to five business days for completed forms to be processed.

- Determine the type of travel and follow the instructions:

-If driving a state vehicle:

- Complete the Driver Authorization form

-If driving a personal vehicle:

- Complete the Driver Authorization form
- Complete the Private Auto Certificate of Insurance form

-If driving a van with at least one passenger:

- Complete the Driver Authorization form
- Complete the online Van Safety Test and forward OSU's email with score to Campus Public Safety ([safety@wou.edu](mailto:safety@wou.edu)) (Link: <https://transportation.oregonstate.edu/motorpool/van-safety>)

NOTE: Driver's must be pre-approved to drive. You must complete and submit the Driver Authorization forms prior to submitting the Student Travel Request forms. For additional information and forms, visit: <https://wou.edu/safety/forms/vehicle-authorization-form/>

**2. Student Travel Request – Forms turned to VPSA together** (*complete and submit after Driver Authorization form(s) have been turned in to Campus Public Safety*).

- Complete the Student Travel Request form (e.g., travel information, transportation, travel approval)
- Complete the Student Liability Waiver form (each student traveling must complete this form)
- Complete the Emergency Contact Person List form (each student traveling must include emergency contact information)

I, contact person for this Student Travel Request, certify that the Driver Authorization and Student Travel Request forms have been completed and submitted in the numerical order listed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STUDENT TRAVEL REQUEST  
WESTERN OREGON UNIVERSITY**

**INSTRUCTIONS:**

- ⇒ This form is to be completed by the faculty/staff advisor or the group's contact person.
- ⇒ Student travel for any WOU purpose must receive approval.
- ⇒ Requests must be submitted to the Vice President for Student Affairs, Werner University Center, Rm. 203, for **approval at least two business days prior** to travel to the event or activity.

***Travel Information***

Organization Name: \_\_\_\_\_  
(Student organization or academic department)

Destination: \_\_\_\_\_ Travel Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Departure Time: \_\_\_\_\_ a.m./p.m. Return Time: \_\_\_\_\_ a.m./p.m.

Travel Route/s: \_\_\_\_\_  
(Example: north on 99W, east on 22, north on I-5)

Purpose of Travel: \_\_\_\_\_

Faculty or Staff Advisor Traveling with Student/s or Student Group: Yes  No

Contact Person: Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
PRINT

Telephone number of Contact Person: \_\_\_\_\_

Pre-Travel Authorization Filed:  Yes  No If Yes, a copy is attached (optional).

***Transportation***

Check One:  STATE OWNED VEHICLE  PRIVATELY OWNED VEHICLE  
 COMMERCIAL AIRLINE  TRAIN  BUS

Driver: \_\_\_\_\_ Driver: \_\_\_\_\_

Driver: \_\_\_\_\_ Driver: \_\_\_\_\_

**Travel Approval**

Approval Recommended by: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Faculty/Staff/Advisor Signature

**VPSA Approved: Yes  No**

\_\_\_\_\_  
Vice President for Student Affairs

\_\_\_\_\_  
Date



# EMERGENCY CONTACT PERSON LIST

## WESTERN OREGON UNIVERSITY SPONSORED OFF-CAMPUS EVENT

**Instructions:** This form is to be completed by all participants/travelers, including the Contact Person. A separate copy is required for each vehicle. VPSA will send a copy of the emergency contact person list form to Campus Public Safety prior to the trip. A copy of this completed form/s will accompany the student or student group during the Off-Campus Event and will be maintained by the Contact Person.

EVENT NAME: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

LEAVE WOU: \_\_\_ / \_\_\_ / \_\_\_ a.m./p.m. RETURN WOU: \_\_\_ / \_\_\_ / \_\_\_ a.m./p.m.

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| Student Name             | Signature    | Telephone | Date |
|--------------------------|--------------|-----------|------|
| Emergency Contact Person | Relationship | Telephone |      |

I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

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Student Name	Signature	Telephone	Date
Emergency Contact Person	Relationship	Telephone	

I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

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| Student Name             | Signature    | Telephone | Date |
|--------------------------|--------------|-----------|------|
| Emergency Contact Person | Relationship | Telephone |      |

I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

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Student Name	Signature	Telephone	Date
Emergency Contact Person	Relationship	Telephone	

I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)