## **Travel Authorization Form**



Name of Traveler/Group			Traveler is:	Faculty	Staff	Student	
Job Title:			Group (attach a list of all travelers)				
Department/Division:			Non-employee (specify)				
Telephone:			Purpose of travel:				
E-mail:							
		_					
Travel is: Domes	tic International						
Travel Dates:	Destination(s):			Funding source	ce		
to							
to							
to							
Classes missed: Ye	s No If yes, how will classes be covered?	?					
		Tı	ravelor signatur	·e:			
		D	Dean/supervisor signature:				

## AFTER COMPLETING FORM, PLEASE FORWARD TO THE OFFICE OF PUBLIC SAFETY.

If you are traveling with students, please complete the following page. Note: If you are traveling more than 50 miles from campus, staying overnight, traveling with 10 or more students, a faculty or staff member is required to accompany the students as a trip advisor.

Trip Participant Name

**Emergency Contact Name** 

**Emergency Contact Number**