

Alabama A&M University
Student Travel Request for Authorization

Part I. Requestor/Sponsor/Organization Information

Name of University/Faculty/Staff Member Responsible for Trip: _____

Position/Title: _____

Administrative Unit/Organization: _____

Phones: Office _____ Cell _____ Email _____

Part II. Student Information

Please attach a roster with A#, name, address, phone number(s), email address, and emergency contact information for each participant.

Part III. Travel Information

Reason for Travel: _____

Destination: _____

Dates of Travel: Departure: _____ Return: _____

Total Number of Participants: _____ ~~at~~ list of Names for group activity only

Transportation Arrangements (Check one):

Vehicle: _____ Rental Car _____ Personal Car University Owned Vehicle _____

Common Carrier _____

Name(s) of Drivers: _____

Lodging Arrangements (Address and Phone Number ~~Requi~~) _____

Alabama A&M University
STUDENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: _____

Address: _____

Telephone Number: Day: _____ Evening: _____

Name of Nearest Relative (or guardian if student is under 18 years of age): _____

Address: _____

Telephone Number: Day: _____ Evening: _____

Physician's Name: _____

Address: _____

Telephone Number: Office: _____ Emergency: _____

Dentist's Name: _____

Address: _____

Telephone Number: Day: _____ Evening: _____

Health Insurance Company: _____

Policy Number: _____ Telephone Number: _____

Allergies: _____

Current Medications: _____ Special Health Needs: _____

EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize Alabama A&M University and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside of the United States) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. The effective dates of this authorization are _____ to _____.

Print Name (Student) _____ Signature _____ Date _____

Print Name (Parent/Guardian if under 18 year) _____ Signature _____ Date _____