



Return 1 week prior to travel to:  
Authorizing Administrator

## Student Travel Request

### Part I. Advisor/Sponsor Information

Name of College Employee Responsible for Trip: \_\_\_\_\_  
Position /Title: \_\_\_\_\_  
Administrative Unit/Organization: \_\_\_\_\_  
Phones: Office Cell Email: \_\_\_\_\_

### Part II. Trip Information

Purpose of Trip: \_\_\_\_\_  
\_\_\_\_\_  
Destination: \_\_\_\_\_  
Dates of Travel: Departure \_\_\_\_\_ Return \_\_\_\_\_  
Total Number of Participants: \_\_\_\_\_ Number of Non-Student Participants: \_\_\_\_\_  
Lodging Arrangements: (Address and Phone Number Required): \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Transportation Arrangements:  
\_\_\_\_ LCCC College Vehicle(s) Requested: \_\_\_\_\_  
\_\_\_\_ Personal Vehicle, License #: \_\_\_\_\_  
\_\_\_\_ Common Carrier Requested: \_\_\_\_\_  
Name(s) of Drivers: \_\_\_\_\_  
Name of College Employee Available for Contact in Event of Emergency: \_\_\_\_\_  
Phones: Office \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

### Part III. Administrator Approval

Required Information/Documents:  
\_\_\_\_ List of All Participants with Student ID #s  
\_\_\_\_ Student Travel Release Forms (with signatures and emergency contact)  
\_\_\_\_ Valid Driver's License, if applicable  
\_\_\_\_ Proof of Current Liability Insurance (For Personal Vehicle Use Only)  
Appropriate Administrator Approval (signature) \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_