

Attachment A

REQUEST FOR AUTHORIZATION

THE COLLEGE OF NEW JERSEY - STUDENT TRAVEL

Part I. Requestor/Sponsor Information

Name of College Employee Responsible for Trip: _____

Position /Title : _____

Administrative Unit/Organization: _____

Phones: Office _____ Cell _____ Email _____

Part II. Event/Trip Information

Purpose of Trip: _____

Destination : _____

Dates of Travel: Departure _____ Return _____

Total Number of Participants: _____ Number of Non-Student Participants: _____

Lodging Arrangements, if applicable: Address and Phone Number Required

_____ Phone () _____

Transportation Arrangements:

Vehicle: _____ Rental Car _____ Personal Car _____ Van _____ TCNJ Owned/Leased Vehicle (circle one)

Common Carrier _____

Name(s) of Drivers: _____

Name of College Employee Available for Contact in Event of Emergency: _____

Phones: Office _____ Home _____ Cell _____

Part III. Travel Risks

Required Information/Documents:

List and describe any travel risks associated with this Event: (e.g., geopolitical, crime, recreational activities, physical exertion, weather or environmental)

Part IV. Appropriate Administrator Approval

Required Information/Documents, if applicable:

_____ List of All Participants/Emergency Contacts _____ Release/Indemnification Agreements

_____ Proof of Medical Insurance _____ Medical/Emergency Treatment
Authorization Forms

_____ Valid Driver's License

_____ Proof of Current Liability Insurance (For Personal Vehicle Use Only)

Approval Signature _____

Title: _____ Date _____