

STUDENT EXCURSION AUTHORIZATION REQUEST FORM

This form is to be used for all student field trips, student excursions and sponsored events affiliated with RCC.

Complete the information below, including appropriate signatures, and submit form to the appropriate Dean or Director **at least 30 days in advance of the proposed trip** to allow sufficient time for routing. Approved copies will be processed and filed in the Risk Management office.

TRIP INFORMATION

DATE OF REQUEST:	RESPONSIBLE PARTY:	
CLASS / STUDENT GROUP TRAVELING:		
DATE(S) OF TRIP:	START CLASS TIME:	END CLASS TIME:
DESTINATION:		
PURPOSE OF TRIP:		

LIST ALL DRIVERS

TRANSPORTATION TYPE: <input type="checkbox"/> RCC VEHICLE <input type="checkbox"/> RENTAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> COMMERCIAL (TYPE:)		
SOURCE OF FUNDING (BUDGET #)		
RESPONSIBLE PARTY CONTACT INFO:	PHONE #:	
ADDITIONAL STAFF ATTENDING:	PHONE #:	
ADDITIONAL STAFF ATTENDING:	PHONE #:	
ADDITIONAL STAFF ATTENDING:	PHONE #:	

OF STUDENTS TRAVELING

LIST OF PARTICIPATING STUDENT(S)

(If additional space is needed, continue list on separate page and attach)

	STUDENT'S NAME	ID #	OVER 18? (Y/N)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

APPROVALS

_____ PRINTED NAME OF RESPONSIBLE PARTY	_____ SIGNATURE OF RESPONSIBLE PARTY	_____ DATE OF APPROVAL
_____ PRINTED NAME OF DEPT DEAN/DIRECTOR	_____ SIGNATURE OF DEPT DEAN/DIRECTOR	_____ DATE OF APPROVAL
_____ PRINTED NAME OF RISK MANAGEMENT	_____ SIGNATURE OF RISK MANAGEMENT	_____ DATE OF APPROVAL
CLERY REPORTING: IF STAYING OVERNIGHT , LIST HOTEL, ADDRESS, CITY, ST, ZIP: _____		