Unaccompanied Student Travel Request

Non-Athletic Student Travel

This form is intended for situations in which students are traveling independently and will not be accompanied by an LC State employee.

Student travel without an LC State employee is only permitted to destinations within Idaho or states that are contiguous to Idaho (i.e, Washington, Oregon, Montana, Utah, Nevada, and Wyoming). If travel involves anything outside of contiguous states, students cannot travel unaccompanied.

This form and the Acknowledgement of Risk and Waiver of Liability form(s) should be submitted in a timely manner. If submitted less than two weeks prior to the proposed travel, no guarantee can be made that the form will be processed nor that travel will be approved.

This form must be completed and approved prior to making travel arrangements. If you are traveling with a Recognized Student Club and Organization (RSCO) you must submit your travel expenses for approval via the Club Spending Request form in Do More.

Completed forms and accompanying waiver(s) must be emailed to Public Safety and Risk Management. If you are traveling with a Recognized Student Club and Organization (RSCO), also send the completed form to Student Involvement.

Preparer Name: Email:

Division, Office, or RSCO Supporting Travel:

A. Travel & Activity Information

Name of Event/Activity:

Event Location:
(Including Address, City, State, and Zip)

Event Date(s): Travel Date(s): Depart from LC: Return to LC:

Mode of Travel: Driver:

Lodging Facility Information Overnight stay? ☐ Yes ☐ No

Lodging Facility Name:

Lodging Facility Address:
(Including City, State, and Zip)

Dates of Stay: From: To: This trip is: Select One

If trip is repeated, our group: Select One

Event Description and Reason for Travel:

College Benefit:

B. Event Participants

Each student wishing to travel must be listed on this form. In addition, each student must complete the Acknowledgement of Risk and Waiver of Liability form. Each student must be aware that by listing their personal information on this form, other travelers may view and have access to this information.

First and Last Name	ID Number	Phone Number

C. Acknowledgement of Risk and Waiver of Liability

All participants must complete the Student Travel Waiver and submit them with this form.

D. LC State Employee Information

Emergency contact person must be a faculty, professional staff, or classified staff member of LC State and must be reachable 24 hours a day while students are traveling.

Emergency Contact:

Email: Cell Phone:

I, , a faculty/staff member at Lewis-Clark State College agree to serve as the emergency contact while the above mentioned students are traveling on LC State business. I agree to meet with the group prior to their departure and agree to be available for contact at all hours while the group is traveling. I also agree to report any accidents or incidents regarding the travel to the proper campus personnel within one business day of the said accident or incident.

E. Routing & Approvals

Approval should be routed through the reporting chain of the LC State employee listed as the emergency contact. The person completing this document is responsible for identifying all needed email addresses.

Please do not print or send a scanned copy of this form for signature routing.

A final, signed, copy of this form and accompanying waiver(s) must be emailed to Public Safety and Risk Management.

If you are traveling with an RSCO, also send the completed form to Student Involvement.

By signing below, you agree that you are responsible for the event/activity and associated charges and damages as a result thereof. You must comply with all College rules and regulations.

Approver	LC State E-mail	Approver Signature	Disapprove / Approve
Emergency Contact:			X ✓
Department Director or Division Chair:			X ✓
Applicable Cabinet Level Official: *(Dean or above)*			X ✓