

Campus Safety Office Use Only			
Date/Time of Departure _____		Initials _____	
Date/Time of Return _____		Initials _____	

Travel Roster for Academic event

Name of Event: _____

Date & Time of Departure: _____

Date & Time of Return: _____

Location(s) of Trip: _____

Name of Professor/Staff member: _____

Driver Name(s) _____

The purpose of this roster if for emergency use.

Passenger Listing:

NAME (Please PRINT)	Signature	Emergency Contact	Emergency Contact Phone #
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____

This form must be turned in to the Campus Safety Office PRIOR to leaving campus.
Please verify that all information is accurate as of the time of departure.

Additional Roster pages?
Please Circle: Yes No