Travel Program – Participant Disclosure Form

Participant: __________________________________________________________

Program: ___________________________________________________________

Status:  Faculty/ Librarian [ ] Professional Staff [ ] Classified Staff [ ] Student [ ] Other [ ] Please specify: ______________________________________

Purpose of Travel: _______________________________________________________

Travel Date(s): _________________________________________________________

Location(s): ___________________________________________________________

Special Accommodations:

If travelling within the United States, do you have any disability that falls under the Americans with Disability Act (ADA)?

Yes [ ] No [ ]

If travelling outside the Unites States, do you have any physical disability or impairment which may affect your travel?

Yes [ ] No [ ]

Please describe the nature of your disability or impairment: ________________________________

Disability Accommodations:

Individuals requesting accommodations including interpreting services under the Americans with Disability Act (ADA), should contact the Disability Services Office at the time of their application. Please carefully read the description of the travel in order to fully understand the physical expectations of all participants. The coordinator of the travel experience must also be informed of any special accommodations requested by the participant at the time of application. Reasonable accommodations will be determined on an individualized basis.

Accommodation(s): _______________________________________________________

Both Salem State and the above listed participant agree to the following reasonable accommodation(s) with regard to participation in the program listed above.

Participant Signature: __________________________________ Date: ______

Salem State Travel Coordinator: ____________________________ Date: ______

Disability Services Office Representative: ____________________________ Date: ______

Disciplinary or Criminal Record (Students Only):

Have you ever been the subject of any disciplinary action at Salem State University or any other education institution?

Yes [ ] No [ ]

If yes, provide details: ________________________________________________________________

Have you ever been convicted of or pled other than not guilty to a criminal offense?

Yes [ ] No [ ]

If yes, provide details: ________________________________________________________________

My signature certifies the information provided above is complete and accurate. I understand that making false or fraudulent statements within this document could result in denial of travel.

Signature: ____________________________________________ Date: ______

Return all completed travel forms to the approving vice president.

For Academic Affairs’ travel requests, completed travel forms should be returned to David Crane, Assistant Dean of Credit Programs.