

## 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 United 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.