

**Travel Program
Information and Notification Form**

In the unlikely event that you become ill or injured, trip coordinators will attempt to notify your immediate family. Please select one person for notification should you need assistance.

Please make sure that they have a copy of your itinerary.

RETURN THIS AS SOON AS POSSIBLE!

Program/Group: _____

Name: _____

Birth Date: _____ Gender: Male Female

Emergency Contact Information

Name: _____ Relation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work or Cellular Phone: _____ Home Phone: _____

Email: _____

Health Insurance – Mandatory for participation

Health Insurance Policy Name & ID Number:

Please check your health care coverage. It is your responsibility to verify that you are covered while traveling

If traveling outside of the United States, please provide the following:

Name (as it appears on Passport): _____

Passport Number & Expiration Date: _____ Country of Issue: _____

Submit a photocopy of the passport page with your photograph

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.