## **International Travel Information Form**

To be complete by faculty or staff; attach to Travel Request Form

Traveler's Name:					
Information required for all interna	itional travel (#1	through #10)			
Department emergency contact pho	ne no:				
2. Emergency contact name:					
3. Emergency contact phone no. 1:	Pho	one no. 2:			
4. Traveler's contact information while traveling at destination - name, if different from traveler, phone number:					
Name:	Phone Number:		Email:		
5. Lodging information while traveling -	· name, address, p	none number:			
6. Airport(s) flying into and out of destir	nation of travel:				

	·			you are conducting rtation. (Example: taxi,	
and state whether cost. Receipt of pa	r you would like to purc	chase FTLP in Irance must b	surance for tha e received and	e identify the individual(s) it individual at your own approved by the office of	
	th the <u>U.S. State Deparate</u> ce requirement that all				
Yes	No				
Department to con		providing info		stem utilized by the State anging conditions in the fo	reign
10. Are students t	raveling with you?	Yes	No		
If yes, complete the	ne <u>Travel Participant Li</u>	st and attach	to your travel a	uthorization.	
Warnings and Tra	vel Alerts lists, and Alli	ant's Insurand	ce list. Please c	on U.S. Department Trav lick on each link below an destination is identified as	d
Travel Warning	Travel Alert		Insurance zard Countries		
12. Have you trav	reled to this region or d	estination?	Yes	No	

If yes please briefly describe your prior experience?
13. Safety precaution plan(s) to address additional security concerns when the destination is identified as high hazard travel on U.S. State Department websites. You may find additional resources in developing a safety precaution plan by contacting Study Abroad Office in the Center for International Education and Risk Management Office.
Next Step
14. Attach form(s) to travel request and submit to department office for processing.