

3rd Party Travel Confirmation Form

An Ameristudent student has identified you as the supervising adult for their upcoming travel. This form is to help confirm the student's itinerary and accommodations, as well as confirm your acceptance of the responsibilities that come with supervising this travel.

To the best of your knowledge, please complete the following questions:

1. Your Name (Last, MI, First) _____

2. **Please include as an attachment a copy of your current Driver License/Photo**

Identification.

3. Home Address: _____

4. Phone Number: _____

5. Email Address: _____

6. Student Name(s): _____

7. Your Relationship to Student(s): _____

8. Any Additional Travelers: _____

9. Travel Start Date: _____ Travel End/Return Date: _____

10. Destinations and Accommodations (if more than 4 destinations, please include additional sheet). If you will be staying overnight at any of these destinations, please use the address for where you will be staying. If not staying overnight, you may simply list the community you will be visiting.

Destination 1 Description: _____

Street Address: _____ City: _____ State: _____

Destination 2 Description: _____

Street Address: _____ City: _____ State: _____

Destination 3 Description: _____

Street Address: _____ City: _____ State: _____

Destination 4 Description: _____

Street Address: _____ City: _____ State: _____

11. Flight Details (if applicable; please include all flights):

Flight Number: _____ Departure Date: _____ Departure Time: _____

Flight Number: _____ Departure Date: _____ Departure Time: _____

Flight Number: _____ Departure Date: _____ Departure Time: _____

Flight Number: _____ Departure Date: _____ Departure Time: _____

12. Purpose of Visit

By supervising this student, you agree to the responsibilities outlined below:

1. You will be present at the student's place of arrival and departure.
2. You will reside with the student at the destination described above.
3. You will personally accompany the student for the duration of their stay.
4. In the event of a medical emergency, you will seek appropriate medical attention.

Print Name (Last, First): _____

Signature: _____

Date: _____