



SUPPLEMENTAL TRAVEL AUTHORIZATION FORM FOR TRAVEL WARNING AREAS

Travel Authorization Number _____ Traveler Name _____

Traveler Department _____ UA NetID _____

Travel Dates _____ Destination(s) _____

NOTE: This form must be submitted with a completed Travel Authorization form for travel to countries with a [US State Dept. Travel Warning](#).

This information is reviewed by the International Travel Safety Oversight Committee (ITSOC), which makes a recommendation to the Provost for final decision. To allow sufficient time for committee review, submit this form at least 30 days in advance of departure.

1.) Total number of travelers on this trip? Please enter the number of people in the field selected:

Faculty/staff: _____ Graduate students: _____ Undergraduates: _____ Volunteers _____ Others _____

2.) Traveling with other non-UA persons? (Y/N) _____ If yes, please attach list of individuals traveling.

3.) Describe all modes of in-country transportation to be used

4.) Describe all lodging to be used:

5.) Describe in-country resources and contacts you will have available:

6.) Travel Warnings often highlight certain areas in a country as being more hazardous than others. Describe your travel plan within the country (staying in cities, visiting remote regions, cross-country travel, travel at night), and your anticipated proximity to areas identified in the Travel Warning as being hazardous

7.) Describe any local police or security arrangements planned during your travel:

8.) Do you have prior experience in the country/region to be visited? Please indicate below:

Native (Y/N) ___ Lived/Worked (Y/N) ___ How long? _____ Prior trips (Y/N)? ___ How many? _____

9.) Describe your language proficiency level for the country/region to be visited (please place an “x” next to the level that best describes your language proficiency):

None _____ Enough to get by _____ Fluent _____

10.) Justification – Provide a brief statement explaining why travel to this Travel Warning location must take place and why you cannot accomplish your work in an alternate location:

ACKNOWLEDGEMENT OF POLICY COMPLIANCE

1. A Travel Authorization Form has been completed and submitted to the Financial Services Office.

_____ Initial here to indicate the Travel Authorization form is completed.

2. In addition to Travel Authorization, online registration of your travel itinerary is required. This makes it possible for the UA to quickly locate and communicate with travelers in the event of an emergency abroad. The registration site is at: <http://ua-risk.terradotta.com/>. Registration is also recommended with the US State Department’s Smart Traveler Enrollment Program (STEP), which can be found at: <https://step.state.gov/step/>.

_____ Initial here to indicate that online itinerary registration is complete.

3. The U.S. State Department maintains a list of country-specific Travel Warnings, Alerts and country-specific guidance for travelers, available at: <http://travel.state.gov/>. UA travelers are required to read applicable Travel Warnings for their planned destination in advance.

_____ Initial here to indicate that you have reviewed the applicable Travel Warning.

4. UA faculty, staff, and students cannot be required to travel to a Travel Warning Area. By initialing below, the traveler is confirming that the proposed travel and/or program participation is voluntary, and that they understand the risks described herein and elsewhere.

_____ Initial here to indicate that you plan to visit a Travel Warning Area voluntarily.

RISK NOTIFICATION STATEMENT

International travel involves risks that are often beyond the control of the traveler or UA. Please review the following statements and initial below:

- In the event of an emergency, the UA may require travelers to temporarily suspend operations, re-locate, or return to the U.S. until it is safe to return to the area.
- The US Embassy nearest your destination may temporarily close or suspend public services for security reasons, and may be limited in their ability to provide emergency assistance.
- If there is a need to evacuate the country, flights may be suspended, and other emergency evacuation or shelter in place options may be limited or non-existent.
- Access to hospitals, emergency medical care and medications may be limited or non-existent;
- Should you experience difficulties, the University of Arizona, associated insurance companies, and emergency service providers may not be able to provide emergency assistance to you.
- Travel to a Travel Warning Area has inherent risks, which may include exposure to natural disaster, illness, disease, terrorism, kidnapping, crime, civil unrest, and violence resulting in physical and/or mental injury or death. These risks can never be completely eliminated.
- There may be additional health, safety, and security factors that are not known and have not been brought to your attention by the University of Arizona.

_____ Initial here to indicate that you have read and understand the Risk Notification Statement.

5. For UA Student and Volunteer Travel Only – The Assumption of Risk and Release Form for Student Travel to Countries under US State Dept. Travel Warnings must be signed and submitted with this Supplemental Travel Authorization Form. Students and volunteers under the age of 18 are prohibited from participating in university travel to Travel Warning areas.

_____ Initial here to indicate that the Assumption of Risk and Release Form has been completed and that all travelers are at least 18 years of age (only applicable to students and volunteers).

REQUIRED SIGNATURES

Traveler Signature: _____

Traveler Printed Name: _____ Date _____

Department Head or Advisor Approval:

I am familiar with this proposed travel and activity, and I concur with the information and justification provided on this form. For student travel, I agree that this travel is necessary to accomplish the academic and research goals of the student traveler.

Student travelers: Faculty Advisor Approval _____ Date _____

Faculty, staff, and volunteers traveling for a UA business purpose:

Department Head Approval _____ Date _____

Please forward completed form to: FSO-Operations, Travel Office, PO BOX 210158, USB 402