



# TRAVELER INFORMATION & EMERGENCY CONTACT FORM

## STUDENT INFORMATION

**Completed form should be returned to School representative or Durham College International Office**

Student's Full Name:

Banner ID:

Date of Birth:

Sex:

Phone Number:

E-mail:

Current Address:

City:

Province:

Postal Code:

## TRAVEL INFORMATION

**\*\*Please attach a copy of full itinerary\*\***

Purpose of Travel:

Travel Destination:

Departure Date:

Return Date:

## **DURHAM COLLEGE SUPERVISOR OR CONTACT**

Name:

Department:

Email:

Phone:

Ext:

Fax:

## **DESTINATION SUPERVISOR OR CONTACT**

Name:

Organization:

Email:

Phone:

Ext:

Fax:

## EMERGENCY CONTACTS

### **PRIMARY CONTACT INFORMATION**

### **SECONDARY CONTACT INFORMATION**

Primary Contact Name:

Secondary Contact Name:

Home Phone:

Work Phone:

Home Phone:

Work Phone:

Email:

Email:

Address:

Address:

City, Province, Postal Code:

City, Province, Postal Code:

Relationship to Student:

Relationship to Student:

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for the purpose of organizing and/or administering approved student travel. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1H 7K4, 905.721.2000 ext. 3292.



## TRAVELER INFORMATION & EMERGENCY CONTACT FORM

### PASSPORT INFORMATION

**\*\*Please attach a copy of passport (ID page) & visa if required for travel\*\***

Passport Number:		Passport Issue Date:	
Passport Expiry Date:	Country of Passport:	Passport Place of Issue:	

### HEALTH INSURANCE INFORMATION

Insurance Company Name:
Policy Number:
Expiration Date:

### SIGNATURES

By signing below, I certify that all information is true and correct to the best of my knowledge.

Signature of Student:	Date:
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***A copy should be forwarded to the Office of Insurance and Risk Management.***