

## International Travel Form

For UNF Faculty and Staff

Please read the items below, sign and date to acknowledge your understanding of each item, and submit to the International Center (IC) along with your international TAR. The purpose of this form is to ensure that all UNF faculty and staff who travel internationally are informed of relevant concerns of such travel insofar as this travel is different from domestic travel.

- I understand the need for a valid passport and have checked whether or not I need a visa to enter my destination country(ies).
- I understand the potential safety/security risks involved in international travel and have checked for a U.S. Department of State Travel Warning on my destination country(ies).  
(web link available at IC website: [http://www.unf.edu/dept/intlctr/UNF\\_Faculty.htm](http://www.unf.edu/dept/intlctr/UNF_Faculty.htm))
- I am aware of the information on health and safety from the U.S. Centers for Disease Control (CDC) and have determined (with my personal physician as needed) any immunizations I need or other health concerns regarding my destination country(ies).  
(web link available at IC website: [http://www.unf.edu/dept/intlctr/UNF\\_Faculty.htm](http://www.unf.edu/dept/intlctr/UNF_Faculty.htm))
- I have reviewed my current medical/health insurance policy as it applies to overseas coverage and either will obtain specific insurance for overseas use or have decided I do not need to do so.
- I am aware of the availability of emergency assistance insurance for medical evacuation and repatriation of remains and the potentially high costs of these services if needed.
- If I need any further information on health or safety issues for my destination country(ies), I will contact the UNF International Center for guidance and assistance.

**NOTE:** This form must accompany all Travel Authorization Requests (TARs) for international travel. All international travel requests with accompanying documentation must be submitted to the UNF-IC at least three weeks prior to the travel departure date for review and forwarding to the President (or his designee) for approval.

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**Traveler's Name:** \_\_\_\_\_

**Traveler's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department/College/Unit:** \_\_\_\_\_

**Destination(s):** \_\_\_\_\_

**UNF-IC Review:**

\_\_\_\_\_  
**Director, UNF-IC**

\_\_\_\_\_  
**Date**