

STUDENT TRAVEL INFORMATION REQUEST

University of Arkansas policy requires that we collect emergency contact information and health insurance information (if student is insured) from all students going on a university sponsored trip. Please complete the following information and return it to Terrie Vaughan(terriev@uark.edu).

NAME <i>As it appears on drivers license or passport</i>	
Nick Name <i>Other name you go by</i>	
UA ID Number	
Cell Phone	
Email address	
Mailing address for reimbursements	
Allergies or medical conditions	

EMERGENCY CONTACT INFORMATION (MUST BE SOMEONE NOT GOING ON THE TRIP)

NAME	PHONE	RELATIONSHIP

INSURANCE INFORMATION

Insurance info must be provided. If you are uninsured, put "no insurance" in this section

Insurance Company Name	
Policy/Group Number	
Phone Number	
Name of Insurance Holder <i>(If not you)</i>	