



Seminole Tribe of Florida Education Department

Higher Education Program Travel Request Form: **TERM TRAVEL**

(Complete and submit to Education Department Higher Education Academic & Career Advisor)

Check One: Start of Term Travel End of Term Travel

STUDENT INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Date of Birth: _____ Member #: _____

Emergency Contact Name: _____ Relationship: _____

Phone #: _____ Email: _____

Reservation: **BC BR FP HW IM NA TP TR NR** If NR, what is your original reservation? _____

STUDENT EDUCATIONAL INFORMATION

Name of Current School: _____

TRAVEL INFORMATION

Departure Date: _____ Return Date (if applicable): _____ Travel Rewards #: _____

Airport Flight From: _____ To: _____

Preferred Airline: _____ Preferred Departure Time: _____

Preferred Hotel (if applicable): _____ Location/City: _____

Car Rental (if accompanied by chaperone/parent): Yes No

• Driver License #: _____ Date of Birth: _____

Accompanying Chaperone Name (if applicable): _____ Relationship: _____

Phone #: _____ Email: _____

Additional Comments/Information: _____