

## Travel Plan Form

Travelers can print this page and fax the travel information to the police department at (305) 348-4171, or they can fill it out and e-mail to [tripplan@fiu.edu](mailto:tripplan@fiu.edu).

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. Int'l. \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail Address: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Travel Information

Destination: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure time: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_

Transportation and route you plan to take: \_\_\_\_\_

\_\_\_\_\_

Will you be traveling by car?  Yes  No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Tag No.: \_\_\_\_\_ State: \_\_\_\_\_

Will you be traveling by train/bus/air?  Yes  No

Train/ Bus/ Airline number: \_\_\_\_\_

Medical problems, medications, or other special needs (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_