



# StudentRoomStay

## 3rd Party Travel Confirmation Form

An SRS student has identified you as the supervising adult for their upcoming travel. This form is to help confirm the student's itinerary and accommodations, as well as confirm your acceptance of the responsibilities that come with supervising this travel.

To the best of your knowledge, please complete the following questions:

1. Your Name (Last, MI, First) \_\_\_\_\_

2. **Please include as an attachment a copy of your current Driver License/Photo**

**Identification.**

3. Home Address: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Student Name(s): \_\_\_\_\_

7. Your Relationship to Student(s): \_\_\_\_\_

8. Any Additional Travelers: \_\_\_\_\_

9. Travel Start Date: \_\_\_\_\_ Travel End/Return Date: \_\_\_\_\_

10. Destinations and Accommodations (if more than 4 destinations, please include additional sheet). If you will be staying overnight at any of these destinations, please use the address for where you will be staying. If not staying overnight, you may simply list the community you will be visiting.

Destination 1 Description: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Destination 2 Description: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Destination 3 Description: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Destination 4 Description: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_



# StudentRoomStay

11. Flight Details (if applicable; please include all flights):

Flight Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Flight Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Flight Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Flight Number: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

12. Purpose of Visit

---

---

You and other adults traveling with you may be required to submit information to a third party website for a background check. The cost of the background check is \$20 per person and will be billed to the student.

By supervising this student, you agree to the responsibilities outlined below:

1. You will be present at the student's place of arrival and departure.
2. You will reside with the student at the destination described above.
3. You will personally accompany the student for the duration of their stay.
4. In the event of a medical emergency, you will seek appropriate medical attention.

Print Name (Last, First): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_