STUDENT TRAVEL AUTHORIZATION FORM

PARTICIPANT INFORMATION (attach additional sheets if necessary) OFFICE USE ONLY Recognize & Prevent Hazing Medical Form & Waiver **Student YSU** Student **Emergency Contact Emergency Student Name (Last, First) Cell Phone #** Name/Relationship **Contact Phone ID Number** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17