

THE TEXAS A&M UNIVERSITY SYSTEM

OFFICE OF RISK MANAGEMENT

INTERNATIONAL TRAVEL QUESTIONNAIRE FOR EXTREME RISK COUNTRIES

Name of Traveler: Member:	
	rse 2111728- International Travel Safety: Safe Passage
Purpose of Trip:	
Departure Date from U.S.:	
Destination Country:	Destination City:
Destination Country:	Destination City:
Destination Country:	Destination City:
	tion while traveling within the destination country?

Where will you stay while in your destination country?

Are you aware of current safety, health or security concerns in your destination country? Please elaborate below:

How do you plan to address these security concerns during your trip?

If you are traveling with a security detail, please provide information on how the security firm was obtained?

Please list your destination contact names, addresses, and phone numbers. If visiting multiple countries, please list a contact for each destination: