Travel Services
Brigham Young University–Hawaii
https://travel.byuh.edu/

Travel Intake Form*

Student: ☐ Faculty & Staff: ☐ Alumni: ☐ Other: _____

Name as it appears on your Driver's License or Passport:
****MUST MATCH EXACTLY OR YOU WILL BE DENIED BOARDING****

First: _____ Middle: _____ Last: _____

Date of Birth: DD (i.e., 22) _____ MMM (i.e., APR) _____ YYYY _____

Phone Number: (+1) _____-_____-_____ Email Address: _____

TSA Precheck/Global Entry Number: _____ Frequent Flyer Number: _____

Outbound flight date: _____ Location: _____

Return flight date: _____ Location: _____

For international travelers, kindly email a copy of your passport information page to travelservices@byuh.edu

Comments

Signature and Approval
International travel to restricted countries requires approval from your Dean and Vice President. Please view all restricted countries here: https://travelsmart.byu.edu/.

_____ _____
Traveler *(Required)* Date

_____ _____
Department Chair/Dean *(If applicable)* Date

_____ _____
Vice President *(If applicable)* Date