

The Texas A&M University System Office of Risk Management  
INTERNATIONAL TRAVEL QUESTIONNAIRE FOR EXTREME RISK COUNTRIES

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

Name of Traveler(s): \_\_\_\_\_

Member: \_\_\_\_\_

Purpose of Trip/Project and Benefit to the State of Texas:

Departure date from US: \_\_\_\_\_ Return date to the US: \_\_\_\_\_

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

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

If you plan on traveling to more than one location, please list the regions and or towns you may visit:

What is the planned method of transportation while traveling within the country?

What are your housing accommodation plans?

Are you aware of current safety, health, and security concerns in your destination? Please very briefly elaborate below:

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

If traveling with a security detail, please provide information on how security firm was obtained and level of security:

Please list your destination contacts names, address, and phone numbers: