

## San Diego Community College District

## STUDENT TRAVEL PERMISSION/RELEASE/WAIVER

## **INSTRUCTOR/ADVISOR MUST:**

- Ensure that students read the paragraph below
  Duplicate this form if additional lines are needed

Signature of Dean \_\_\_\_\_

3. Attach form to approved Authorization to Conduct Off-Campus Activity form and submit to dean responsible

Campus: 🗖 Ci	ty 🗖 Mesa	■ Miramar	☐ Continuir	ng Education	(Specify Cam	pus)
Course/Organizat	ion	Title and Number	an Nama	Instr	uctor/Advisor	
Travel to		Enter D	estination or A	Attach Travel :	Schedule	
Departing	Location		011	Date	via	District/Self
Returning			on		via	
Returning	Location			Date		District/Self
			STUDENT	ROSTER		
Student Name (PRINT)			s	ignature	Under 18 Yes/No	Transportation Self/District
			+		+	†

Student Name (PRINT)	Signature	Under 18 Yes/No	Transportation Self/District