



THE UNIVERSITY OF TEXAS AT ARLINGTON  
EDUCATIONAL TALENT SEARCH PROGRAM  
TRIO-A FEDERALLY FUNDED PROGRAM

## TRANSPORTATION PERMISSION

I \_\_\_\_\_, give \_\_\_\_\_  
Parent(s)/Guardian(s) Name (Please Print) Student Name (Please Print)

permission to travel in University vehicles and/or program provided transportation in attendance of ALL Educational Talent Search activities throughout the year.

**PLEASE INCLUDE YOUR ADDRESS AND TELEPHONE NUMBER BELOW AND THE NAME OF SOMEONE ELSE TO CONTACT IN CASE OF AN EMERGENCY.**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Parent(s)/Guardian(s) Name (Please Print)

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Parent/Guardian(s) Home Number (\_\_\_\_\_) \_\_\_\_\_  
area code telephone number

Parent/Guardian(s) Work Number (\_\_\_\_\_) \_\_\_\_\_  
area code telephone number

\_\_\_\_\_  
E-Mail Address

### EMERGENCY CONTACT (i.e. relative, close friend, etc.,)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship To Student

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_\_) \_\_\_\_\_  
area code telephone number

Please provide any medical information not included on the medical authorization form including any medication the student is currently taking or any insurance/medical update.

\_\_\_\_\_  
\_\_\_\_\_