

**FACULTY, STAFF, POST-DOCTORAL FELLOWS, AND RESEARCH SCIENTISTS
ACKNOWLEDGMENT FORM¹
The University of Kansas**

I, _____ of _____,
Name School, College, Department, or Research Unit

have chosen to travel to _____ for educational and/or business purposes.
Country/Countries

During the course of this work, I plan to travel to the following country(ies):

_____ (the "Location(s) of Travel") from _____ to _____.

_____ (the "Location(s) of Travel") from _____ to _____.

In accordance with [Kansas Board of Regents policy section 23. c. i.](#):

I have been informed and understand that the [U.S. Department of State has issued a Travel Warning](#) for the Location(s) of Travel, a PDF copy of which is attached. I further understand:

- The University has informed me of the risks of the above travel.
- My decision to travel to the Location(s) of Travel is my own voluntary decision, taken without coercion or undue influence.
- I have filed a KU Travel Authorization for this University work.
- I have reviewed and understand the current Travel Insurance information on the Human Resources Web page – www.humanresources.ku.edu/travel-insurance.
- The University recommends that I visit the Travel Clinic at Watkins Health Services at the University in order to obtain information regarding recommended vaccinations, travel advisories, and health and safety tips for my travel.
- The University recommends that I enroll in the U.S. Department of State Smart Traveler Enrollment Program at <https://step.state.gov/step/>.

I understand there is risk of injury or death resulting from my participation in this work-related travel. I understand and agree that:

- It is my responsibility to apprise myself of the risks associated with travel to the Location(s) of Travel, and to take appropriate actions to protect myself.
- In some instances, health insurance, medical emergency evacuation, and repatriation insurance may not be sufficient to provide the protection and coverage in the Location of Travel.
- I agree to register with the appropriate Consular Section of my country's Embassy or Consulate upon arrival in the Location(s) of Travel and I will enroll in the appropriate warden system to obtain updated information on travel and security in the Location(s) of Travel.

¹ Faculty, staff, research scientists, post-doctoral fellows, and anyone else who may be supervising graduate research in this travel must also acknowledge the required release(s) by any graduate students, who choose to participate in this research, with such participation being entirely voluntary.

Signed this _____ day of _____, 20_____.

(Traveler's Signature)

(KU ID Number)

(Printed Name)

Return this completed and electronically signed form, as well as a PDF of the relevant [U.S. Department of State Travel Warning Notice](#) to: AOR@ku.edu