

**Temple University  
Travel Abroad  
PASSPORT INFORMATION**

This form is to be completed by the participant and returned to the program director **one month before departure.**

*The information requested below will be used only in the event of emergency and is limited to the duration of your participation in a Temple University-sponsored program. The information will be kept confidential.*

**YOUR NAME & TUID**

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**PROGRAM/CONTACT at TEMPLE (include country)** \_\_\_\_\_

**TRAVEL DATES** \_\_\_\_\_

**PASSPORT INFORMATION**

YOUR GIVEN NAME (AS IT APPEARS ON YOUR PASSPORT)

\_\_\_\_\_

YOUR SURNAME NAME (AS IT APPEARS ON YOUR PASSPORT)

\_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_

PASSPORT ISSUANCE DATE (MM/DD/YYYY) \_\_\_\_\_

PASSPORT EXPIRATION DATE (MM/DD/YYYY) \_\_\_\_\_

Do you hold a passport in more than one country?      Yes                  No

*If Yes, list other country:* \_\_\_\_\_

Are you a current green card holder?                      Yes                  No