

PRE-FOREIGN TRAVEL REPORTING FORM

Notice: The below information is gathered solely for reporting purposes only. The completed form should be returned to the Academies' Office of Program Security via fax to 202-334-2820 or email to OSEC_Persec@nas.edu.

This form will be provided to the Defense Counterintelligence and Security Agency (DCSA), Counterintelligence Office and a copy will be filed in your personnel security folder. If you hold special compartmented access, your form will be provided to the Special Security Officer of the agency who holds your access.

- ☐ Official Travel (travel to support official business or the work of your current employer)
☐ Unofficial Travel (travel for personal reasons)
☐ Both (travel for both business and personal reasons)

PART I: PERSONAL INFORMATION

Full name: _____

☐ Academies Employee ☐ Academies Member or Volunteer (Committee Member)

If a committee member, please list name of committee below:

Home Address:

Phone No.: _____

Email Address: _____ Passport No.: _____

Company Name: _____

Company Address: _____

Company Phone No.: _____ Fax No.: _____

Security Officer Name: _____

Security Officer Phone No.: _____ Fax No.: _____

PART II: REASON FOR TRAVEL (check all that apply)

- ☐ Business Meeting ☐ Conference/Seminar Attendance ☐ Personal (Family/Friends)
☐ Vacation

In the space below, briefly describe the reason for travel. If applicable, please provide the names of places/organizations to be visited.

PART III: TRAVEL ITINERARY DETAILS (attach itinerary if available)

Please provide travel itinerary details including country(ies) and city(ies) to be visited. If more than one country/city will be visited during this travel period, please include that information below. Please add additional sheet of paper if needed.

Itinerary Details

City, Country: _____ City, Country: _____

Departure Date: _____ Arrival Date: _____

Itinerary Details (Return Dates)

City, Country: _____ City, Country: _____

Departure Date (Foreign Country): _____ Return Date (USA): _____

PART III: TRAVEL INFORMATION

Section 1: Mode of Transportation (check all that apply)

- ☐ Plane Carrier: _____ Flight No. (s): _____
☐ Cruise Cruise Line: _____ Cruise No.: _____
 Ship Name: _____ Country of Registry: _____
☐ Other: please specify: _____

Section 2: Accommodations/Lodging

Name/Place: _____

Phone Number: _____

Address: _____

Provide any additional details about your accommodations:

Section 3: Additional Travelers

Please include the names of any individuals accompanying you on this trip.

Full Name	Relationship to Traveler

Section 4: Are you traveling to this location with a foreign national? ☐ Yes ☐ No If “Yes,” please list:

Name of Foreign National	Nature of Association (Business associate, relative, friend, etc.)	Full Address	Citizenship

Section 5: Do you anticipate planned contacts with foreign governments, companies, or citizens upon your arrival at this location? ☐ Yes ☐ No If “Yes,” please list:

Name of Company or Individual	Nature of Association (Business associate, relative, friend, etc.)	Full Address	Citizenship

PART IV: EMERGENCY POINT OF CONTACT

Please provide the requested information for a domestic point of contact not travelling with you.

Full name: _____
Address: _____
Phone No.: _____
Relationship: _____

PART V: ADDITIONAL COMMENTS

PART VI: DEFENSIVE SECURITY TRAVEL BRIEFING ACKNOWLEDGEMENT

Please read the Defensive Security Travel Briefing provided under separate cover and review the U.S. Department of State web site at <https://travel.state.gov> for information about the locations to which you plan to travel.

I have read and understand the Defensive Security Travel Briefing. I have also reviewed applicable Department of State information concerning the locations to which I plan to travel. I will contact the Office of Program Security the first day upon my return from my travels and report any reportable incidents appropriately.

Traveler Signature: _____ Date: _____

OFFICE OF PROGRAM SECURITY USE ONLY

Received by: _____ Date: _____