



# State Officer Travel Authorization Form

State Officer Name: \_\_\_\_\_

**Function:** \_\_\_\_\_

\_\_\_\_\_ The above named student may drive herself/himself to the above function as part of her/his official responsibilities.

\_\_\_\_\_ The above named student will be transported to the above function as part of His/her responsibilities by means of  parents and/or  public transportation (Check One).

\_\_\_\_\_ The above named student will be allowed to travel with \_\_\_\_\_, to get to and/or from the above function as part of her/his official responsibilities.

By signing below, the parent/guardian agrees to the modes of transportation listed above and gives their permission for their child to attend all conferences/activities for the organization (BPA, DECA, FCCLA, HOSA, SkillsUSA or TSA). This also releases the organizations listed, staff, or officer coordinators of any liability.

\_\_\_\_\_  
State Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date