



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 agree to the modes of transportation listed above and gives their permission for their child to attend all conferences/activities organization (BPA, DECA, FCCLA, HOSA, SkillsUSA or TSA) of any liability.

State Officer

Date

Parent/Guardian

Date