

REQUEST FOR DEPENDENT STUDENT TRAVEL

To		Date (YYYYMMDD)
Sponsor's name	Sponsor's DOD ID	Sponsor's organization
Request approval to have Student Travel Orders published for my dependent listed below:		
(Last, First, MI)	Student DOD ID	Date of birth (YYYYMMDD)

Complete address of where travel will begin (Include ZIP code and name of school)

Destination of travel (include ZIP code)

Desired date of travel (on or about)	CONUS	Trip (One-way or round-trip)
(YYYYMMDD)	OCONUS	

Does the student have unaccompanied baggage?	Yes	No
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If yes to Unaccompanied baggage, please provide the Transportation Account Code (TAC) (this can obtained from your G8)

Is this your first entitlement for dependent student travel for this FY?	Yes	No
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Have you used one-way travel for this FY?	Yes	No
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Is your dependent an upcoming freshman who has not enrolled in courses yet?	Yes	No
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Please check boxes below

☐ I certify that my dependent listed above is a full-time college student.

☐ I understand that I may be authorized two (2) one-way student travel orders per fiscal year.

☐ I understand the Government will pay from the school residence to my official station.

☐ I am aware that my dependent is authorized 140 pounds (2 pieces) of accompanied baggage and 350 pounds of unaccompanied baggage.

☐ I understand that electing to store unaccompanied baggage in the vicinity of the school in lieu of transporting is an option, and that I will only be reimbursed for storage costs up to the cost of round-trip transportation of the baggage. Arrangement of storage must be through the local transportation movement office (TMO). This option must be exercised within the same fiscal year as the student travel.

☐ I have attached a statement from the college showing full-time enrollment or a Freshman Acceptance Letter.

☐ I have attached a copy my orders or proof of Command Sponsorship.

Statement of Understanding by Sponsor

(A "check mark" next to any comment indicates the sponsor has read and verified the terms of the comment.)

☐ I must arrange travel through my official travel office. If I arrange travel by other means, I will not be authorized reimbursement.

☐ The student has one trip from CONUS and one to CONUS per fiscal year. The date travel is performed is the date of the entitlement.

Verification of Eligibility of Sponsor

(A "check mark" next to any comment indicates the sponsor has read and verified the terms of the comment.)

I am accompanied on this tour by command-sponsored Family members.

I have full custody and control by court order of the student listed above.

The student is not married and will be under the age of 23 at the time of travel.

The student is attending an accredited college located in the United States for the purpose of obtaining a college degree.

The student is enrolled full-time (12 semester hours or equivalent).

The student has not been advanced or early returned to CONUS at Government expense during this tour.

Sponsor's Signature

Date

Signature

Military Personnel Division Family Travel Representative's Signature

Date

Signature

Submission: In IPPS-A Create a Personnel Action Request Admin Records Correction>Other>DST.

Attach this form along with supporting documentation to your HR Professional (S1 or orderly room)>Company Commander>Family Travel Section to UDL: 00000000002719 / UDL Name: HAWAII_MPD_FAMILY_TRAVEL.

NOTE: After this form is completed and verified, the sponsor is responsible for uploading it to the Defense Travel System (DTS). Please see the DTS Guide on the Family Travel Website.