

## GROUP YELLOW-LEVEL CERTIFICATION

### FORM INSTRUCTIONS

You should use this form as a group organizer to document the necessary certification for group travel to a destination requiring yellow-level certification under the permissible travel guidelines. Once completed, this form should be scanned and uploaded as part of your travel registration in Enroll My Trip. A completed copy must be provided to all group participants for their review and for the opportunity for them to have any questions addressed on travel risks and mitigations.

For questions regarding this form or the certification processes, contact Global Safety & Security ([globalsafety@princeton.edu](mailto:globalsafety@princeton.edu)).

### SECTION 1: SPONSOR, TRAVEL AND TRAVELER DETAILS

#### Sponsoring Department/Program

<b>Program</b>		<b>Department</b>	
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#### Group Travel Point of Contact Details

<b>Last Name</b>		<b>First Name</b>	
<b>Email</b>		<b>Phone Number</b>	

#### This group travel involves...

- Undergraduates
  Graduate Students

#### Travel Details

*(for any additional locations, please include in continuation sheet)*

<i>Travel Location(s)</i>		<i>Proposed Travel Dates</i>	
<i>City</i>	<i>Country</i>	<i>From</i>	<i>To</i>

#### TRAVEL PARTICIPANTS

Family/Last Name	Given/First Name	Email



**SECTION 3: TRAVELER ATTESTATION**

Indicate Yes/No for all statements and sign where indicated.

**Yes** Group travel is feasible because all of the following are true:

**No**

- Each group member's passport is valid for travel to the proposed destination(s).
- The travel is allowed under U.S. laws and regulations, including export control regulations and applicable sanctions.
- The travel is allowable under and can be performed in full compliance with the laws and regulations of the destination, including but not limited to those dealing with immigration, customs, and taxation.
- Group members can enter the destination(s) without having to submit to any government-imposed restrictions on their freedom of movement, other than a quarantine lasting ten days or less that is completed in a location of the traveler's choosing.
- The destination(s) is/are not subject to local or national-level "stay-at-home," lockdown, martial law or other order(s) preventing freedom of movement, other than overnight curfews lasting no more than 10 hours.

**Yes** This group travel is University-related.

**No**

**Yes** Although I am not the ultimate decisionmaker on whether to permit this travel, as the group organizer, I have reviewed [the destination risk materials available online from GS&S](#), and believe that the benefits or results of this trip justify the risks identified to me.

**No**

**Yes** As the group organizer, I have made a good-faith effort to identify alternatives to traveling that could provide the same kind of benefits or results.

**No**

**Signature of Requestor:** \_\_\_\_\_

**Printed Name of Requestor:** \_\_\_\_\_

**Title of Requestor:** \_\_\_\_\_

**Date of Signature (MM/DD/YY):** \_\_\_\_\_

**IF YOU ONLY REQUIRE SELF-CERTIFICATION, STOP!  
SECTION 4 (NEXT PAGE) IS ONLY FOR USE WHEN A CERTIFYING OFFICIAL IS REQUIRED.**

**SECTION 4: CERTIFYING OFFICIAL DETERMINATION**

I have reviewed all information in this request and have obtained any additional information I require from the group travel organizer or from GS&S in order to make a determination.

With due consideration for the purpose of travel described by the group organizer, the risk category assigned to the destination by GS&S, and the mitigations described above, I have determined in accordance with the travel policy that the benefits or results of this trip justify the risks, and that no reasonable alternatives have been identified. routines in an average U.S. city.

I am satisfied that this trip is feasible and for a University-related purpose, according to the requirements of the current permissible travel guidelines.

*Certifying Official comments, if any:*

**Signature of Certifying Official:**

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**Printed Name of Certifying Official:**

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**Title of Certifying Official:**

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**Date of Signature (MM/DD/YY):**

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