

INDIVIDUAL YELLOW-LEVEL CERTIFICATION

FORM INSTRUCTIONS

You should use this form to document the necessary certification for 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.

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

SECTION 1: TRAVELER AND TRAVEL DETAILS

Traveler Details

Family/Last Name		Given/First Name	
Email		Phone Number	
Country(ies) of Citizenship		U.S. Immigration Status <i>(If not U.S. citizen)</i>	

Student Status *(if applicable)*

Student Status	<input type="checkbox"/> Graduate Student	Enrollment Status (Graduate)	
	<input type="checkbox"/> Undergraduate Student	Graduation Year (Undergraduate)	

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>

SECTION 2: PURPOSE OF TRAVEL AND ALTERNATIVES

Please provide a statement that describes the purpose of your travel, including the expected results or benefits to you and/or the University. Please also describe any possible alternatives to your travel that might provide the same kind of results or benefits. Feel free to attach continuation sheets, as needed.

SECTION 3: TRAVELER ATTESTATION

Initial all statements and sign where indicated.

- _____ My travel is feasible because all of the following are true:
- My passport is valid for travel to my proposed destination(s).
 - My travel is allowed under U.S. laws and regulations, including export control regulations and applicable sanctions.
 - My 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.
 - I can enter my destination(s) without having to submit to any government-imposed restrictions on my freedom of movement, other than a quarantine lasting ten days or less that is completed in a location of my choosing.
 - My destination(s) is/are not subject to any local or national-level “stay-at-home,” lockdown, martial law or other order(s) that prevents freedom of movement, other than overnight curfews lasting no more than 10 hours.
- _____ My travel is University-related because *(check all that apply)*:
- The costs of the trip are covered to any extent by funds that a University entity has the discretion to pay or not to pay.
 - The University benefits in any way from my making this trip.
 - If I had no relationship with the University, I would not or could not take this specific trip for the purpose listed above.
- _____ 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. I am satisfied that I understand the risks underlying the risk category of my destination(s), and I have had the opportunity to have GS&S answer any of my questions.
- _____ I have made a good-faith effort to identify alternatives to traveling that would provide the same kind of benefits or results.

Signature of Requestor:

Printed Name of Requestor:

Date of Signature (MM/DD/YY):

**IF YOU ONLY REQUIRE SELF-CERTIFICATION, STOP!
BELOW SECTION 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 traveler or from GS&S in order to make a determination.

With due consideration for the purpose of travel described by the traveler, 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.

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:

Printed Name of Certifying Official:

Title of Certifying Official:

Date of Signature (MM/DD/YY):
