CAMERON UNIVERSITY

T-7 REV 09/22

Student Travel Roster

Please type this document. Mark and sign accordingly.

☐ Original Form
☐ Amended Form

Organization/Club and Destination _____ **Date** _____

Name	CU ID#	Emergency Contact Name	Emergency Contact Number	T8 Rcv'd
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A signature is required to verify all student participants have submitted a T8 Waiver.

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A signature is required to verify all student participants have submitted a T8 Waiver.