



## DIRECTOR OF SEMINARIANS

DIOCESE OF BROOKLYN

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Douglaston, New York 11362

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### SEMINARIAN REQUEST FOR TRAVEL FORM

Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

Current Address (i.e. Seminary): \_\_\_\_\_

Date(s) and Location(s) of requested travel:

Departure Date:	Traveling to:	Return Date:	Returning to:

Reasons for travel: \_\_\_\_\_

Visa Expiration Date: \_\_\_\_\_ I-20 Expiration Date: \_\_\_\_\_

SEVIS ID: \_\_\_\_\_

Please check box and sign:  **I understand that I will be responsible for all travel expenses.**

\_\_\_\_\_  
*Seminarian's Signature* *Date*

Name of Rector: \_\_\_\_\_

\_\_\_\_\_  
*Rector's Signature* *Date*