



Student One Travel Corporate Office
5080 Robert J. Mathews Parkway
El Dorado Hills, CA 95762
Phone: 916-939-6805 FAX: 916-939-6806
www.studentonetravel.com

For Office Use Only Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> By: _____ NC Fee: \$ _____
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NAME CHANGE REQUEST FORM

Before you sell your trip, please be aware that your name change request must first be approved. Please complete this form and fax or mail back to the corporate office. Once received, a Customer Service Agent will inform you by phone or in writing if your request is approved. Name changes will not be permitted within 2 weeks of your travel date - NO EXCEPTIONS!

ORIGINAL TRAVELER'S INFORMATION (Please print legibly)

NAME _____ MALE FEMALE

TRAVELER I.D. # _____ GROUP# AND NAME: _____

Phone #: (____) _____ Fax # (____) _____
 (Mandatory)

Per the Tour Participant Agreement you originally signed, **Name Changes** are permitted depending on the air carrier and on an approval basis. If the name change is approved and the name change does not interfere with rooming, the transfer fees are as follows:

- \$25 if transfer occurs prior to due date
- \$50 - \$100 PLUS any additional airline or administrative fees, after due date

**I wish to transfer my account to the individual named below. I understand that it is my responsibility to collect any funds due to me from the new person indicated below. I acknowledge that the transfer fee outlined above must accompany the request form and will be added to the existing account. I understand that if the name change causes conflicts in the rooming arrangements (i.e. name change causes male/female rooms), Student One Travel may not be able to approve the name change unless a coed permission slip is also completed and attached to the form. If purchased, the Optional Trip Insurance is nonrefundable and nontransferable to the new traveler after January balance due date.

_____/_____ **SIGNATURE OF ORIGINAL TRAVELER	_____/_____ DATE	_____/_____ **PARENT SIGNATURE OF ORIGINAL TRAVELER (if under 18 years of age)	_____/_____ DATE
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NEW TRAVELER'S REGISTRATION INFORMATION: (Please fill out completely and LEGIBLY)

LEGAL FIRST NAME: _____ M.I. _____
 (No Nicknames)

LEGAL LAST NAME: _____ MALE FEMALE

MAILING ADDRESS: _____ DATE OF BIRTH: ____/____/____

CITY/STATE/ZIP: _____ EMAIL ADDRESS: _____

GROUP NAME: _____ PHONE#: (____) _____ FAX#: (____) _____

Country of CITIZENSHIP: _____ Traveling with: Birth Certificate OR PASSPORT# _____

**I have read, understand and agree to the TOUR PARTICIPANT AGREEMENT on the Student One Travel Brochure. I understand that I am required to have the specified travel documents in order to travel to Mexico or to the Bahamas. (Non-U.S. citizens need to contact Customs and Immigration.) I also understand it is my responsibility to reimburse the original participant the original amount paid to Student One Travel. I am responsible for any remaining balance on this account and/or any additional fees. (i.e. occupancy fees for rooming, late fees, NSF fees, etc.) I also understand the fees are applicable, depending on the date of the transfer.

_____/_____ **SIGNATURE OF NEW TRAVELER	_____/_____ DATE	_____/_____ PARENT SIGNATURE OF NEW TRAVELER (if under 18 years of age)	_____/_____ DATE
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Attached is the Name Change Fee: Check or money order enclosed for \$ _____

Please charge my credit card for the name change fee.

Charge fee to Credit Card: # _____ EXP DATE: _____ VISA MC Discover

CW2 # (3 digit number on back of card at end of account number) _____

PRINT NAME OF CARDHOLDER: _____

CARDHOLDER'S SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CARDHOLDER'S PHONE NUMBER: (____) _____ AUTHORIZED CHARGE AMT: \$ _____
 (A minimum of \$50 - \$100 necessary after balance due date)