



**DEPARTMENT OF THE AIR FORCE
52D FIGHTER WING (USAFE)**

Date _____

MEMORANDUM FOR 470 ABS/CSS

FROM: _____
(Name, Unit, Office Symbol)

SUBJECT: Request for Student Dependent Travel Orders

1. I, _____, (Rank, Full Name), _____ (SSAN) request my family member be authorized student dependent travel. I certify the following information is true and correct:

a. Name of Family Member: _____

b. Relation: () Daughter () Son

c. Date of Birth: _____

d. Passport Number: _____

e. Current Address: _____

f. Family Member is a Full-time Student at: _____

(Name of School and address)

g. Type of Degree Working Towards: _____

h. Expected Graduation Date: _____

i. Projected Travel Dates: _____

j. Student Does/Does Not Desire to Ship Unaccompanied Baggage (350 lb. allowed)

2. A statement from the office of admissions stating the student is enrolled as a full-time student (15 semester hours minimum per semester) must be attached to this request.

3. I understand the information of this application, student enrollment and student dependency is subject to an audit by the Air Force. I will immediately notify Customer Service of any changes in dependency for my family member. I understand collection and/or disciplinary action will be taken if the Air Force determines that dependency or full time status requirements are not satisfied.

4. Only one round trip is allowed per fiscal year. Reference JFTR, Vol I, part C, U5243.

(Signature of Sponsor)

1st Ind to Rank, Name, Date of original Memo, Request for Student Dependent Travel Orders

470 ABS/CSS

MEMORANDUM FOR 470 ABS/DPE (Education Center)

I certify that _____ is a family member of
(Student's Full Name)

(Sponsor's Rank/Name)

(Signature of CSS Representative)

2nd Ind, 470 ABS/DPE

MEMORANDUM FOR 470 ABS/CSS

I certify that _____ (Name of College or University) is an
approved university or college listed in the Education Directory, Higher Education.

(Signature of Education Office Representative)