TRAVEL AUTHORIZATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION
SFN 1033 (3-2014)

Clear Fields

Date	Name of Child		
Name of Custodian	Family Name that Child will be Traveling Out of State With		
Address of Family	City	State	ZIP Code
Explanation of Travel (Location, Dates of Travel, Dates of Return, Purpose of Travel, etc.)			

Custodian has been informed of their travel and authorized child to accompany this family. In case of emergency or need for medial treatment, contact the following:

Name of Contact 1			Telephone Number
Name of Agency			
Address	City	State	ZIP Code
Name of Contact 2			Telephone Number
Name of Agency			
Address	City	State	ZIP Code
Name of Contact 3			Telephone Number
Name of Agency			
Address	City	State	ZIP Code

Signature	Date
Title	

cc: Original - Family
Licensed Child Placing Agency
Regional Human Service Center