



Nunatsiavut Government – EDUCATION DIVISION

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Alternate Mode of Transportation Notification

Student Name: _____	Program: _____
Student #: _____	Institution: _____
Living Arrangements (while in training): Check one box per semester:	Mailing Address (while in training):
<input type="checkbox"/> renting/boarded	_____
<input type="checkbox"/> living with parents	City/Town: _____
<input type="checkbox"/> campus residence	Province: _____
<input type="checkbox"/> own home	Postal Code: _____
Primary Email Address: _____	Phone #: _____

Please accept this form as Notification for Alternate Mode of Transportation other than airline.

The purpose of my travel is:

- Regular Beginning or End of Semester Travel Graduation Graduation Guest
- Orientation Chaperone Extra Trip Licensing/Certification Exam Childcare Provider
- Early Departure Alternate Travel Time (may include Childcare Provider or Spouse)

I will be traveling by: _____ instead of by airline because _____.

I understand that the amount of support I will be receiving will be equivalent to the price of an airline ticket. This amount will be advanced to me before I start my travels.

Travel Disclaimer:

- I hereby certify that all expenditures claimed will be on Nunatsiavut business.
- I understand that if my travel itinerary changes and I/we return early or leave late or decide not to go, I/we will repay the Nunatsiavut Government any balance owing from the advance.
- I HEREBY WAIVE, RELEASE, DISCHARGE AND AGREE NOT TO SUE the Nunatsiavut Government and its affiliates, successors, heirs, executors, and assigns from any and all claims including, but not limited to, claims for travel expenses, causes of action based on personal injury (including death) and damages to personal property, that I may have in the future against the Nunatsiavut Government and its affiliates, successors, heirs, executors, assigns, officers, employees, representatives and agents, which may result directly or indirectly from travelling with the student as their guest.

Signature: _____ Date: _____

For Office Use Only:

Approved: Yes No Approved by: _____ Date: _____

Amount deposited into Student account: _____

Funding Allocation: PSSSP ISETP (EI CRF) IPSE

Notes:

