

TRAVEL SURVEY
Attorney General's Honors Program Interviews
October 23 - November 9, 2006
Washington, D.C.

Name: _____ **Date:** _____

Please print

Social Security Number: _____

Required for Government travel

Permanent Mailing Address: (Street, city, state, zip) _____

Telephone number: _____ **E-mail:** _____

If possible, list a telephone number where you can be reached during the day.

Emergency contact: _____
(Day) _____ (Evening) _____

Please provide the name and telephone numbers (day and night) of a person we may contact in case of emergency.

Fax number where you can receive travel documents (Mandatory): _____

Many Law School Career Services offices permit use of their fax for this purpose. Please ask a Career Services professional whether you may receive documents sent by the Department of Justice through their office. Please ensure that the staff knows how to contact you when your DOJ fax arrives. Please check for your fax frequently.

Do you wish to drive your privately owned vehicle (POV)? **YES** **NO**

Must either be within reasonable commuting distance or meet other Joint Travel Regulation requirements (e.g., costs less than commercial travel.) The Department will not authorize an overnight stay at government expense based solely on use of POV for personal convenience.]

Your Preferred Departure Airport: _____
City and State. If more than one in the area, please specify.

Are you interviewing with the USAO for S.D. California? **The USAO for S.D. Florida?**

Preferred Interview Week (rank 1, 2, 3): Oct 23-27 Oct 30 - Nov 3 Nov 6-9

Preferred Interview Day: Check one: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

2d Choice Interview Day: Check one: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Do you have any absolute conflicts in travel dates? Please list: _____

Interviews will be scheduled in the order responses are received. The Department will consider your interview preferences but cannot guarantee that your first choice will be accommodated. If your final itinerary presents a major conflict, you may contact your scheduler at the number provided with your faxed travel itinerary.

Law School (if currently enrolled): _____

Do you have a disability or special need that affects your travel? If so, please tell us what types of special services or reasonable accommodations you need in the space below:

PLEASE COMPLETE THIS FORM IMMEDIATELY AND FAX TO THE CONFERENCE AND CONTRACT SECTION AT (202) 307-0862. (If that number is busy, send to (202) 514-6741.)

PRIVACY ACT STATEMENT(This information is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a[e][3]): This form requests personal information that is relevant and necessary for scheduling your travel to Washington, DC, for your interview(s) with components participating in the Attorney General's Honors Program. OARM collects this information in order to prepare travel authorization forms and to schedule travel arrangements including, when necessary, hotel accommodations. OARM has the authority to ask for this information pursuant to 5 U.S.C. §301, and 28 C.F.R. Part 0.15(b)(2). Because accepting an interview with the Department is a voluntary action, you are not required to provide any personal information. However, failure to provide the information necessary to authorize and schedule travel to and from your interview may result in forfeiting your interview and/or your being reimbursed for travel expenses you incur in the interview process.