



**DRUG ACCOUNTABILITY PROGRAM**

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**TRAVEL PERMIT**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name and Address of Destination: \_\_\_\_\_

Leaving: \_\_\_\_\_ Returning: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Phone Number(s) to be reached at during travel: \_\_\_\_\_

Method of Travel: \_\_\_\_\_

Accompanied by: \_\_\_\_\_

If approved, I understand that I have been given this permission with the explicit understanding that I am to continue to follow the rules and regulations of the Drug Accountability Program and to travel only to the location designated above. If I should be arrested in another state during the period of the visit granted me, I will waive extradition and will not resist being returned to the State of Nebraska.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Drug Accountability Program Staff

\_\_\_\_\_  
Date