

Are you going overseas for an extended time and need to take your medications with you?  
Here is what you need to do to submit a **VACATION OVERRIDE REQUEST**:

- Gather this information
  - Copy of Paid Itinerary
  - Member Name
  - Date of Birth
  - UHCSR Identification Number (7 digits)
  - Name of Drug(s)
  - Number of Month(s)
  - Student Contact Number
  - Pharmacy Contact Number
- Submit this information to
  - Fax 469-229-5530 or
  - E-mail to [pbm@uhcsr.com](mailto:pbm@uhcsr.com)