



# AUTHORIZATION FOR STUDENT DOMESTIC TRAVEL FORM

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY  
DEAN OF STUDENTS  
Brownsville: CAVL 204  
Phone: 956-882-5141  
Email: dos@utrgv.edu  
Edinburg: UCTR 323  
Phone: 956-665-2262

Please fill out the authorization form, travel roster, and waiver from, then return to the Dean of Students office **10 business days** prior to the trip. **A Release and Indemnification Agreement Form must be attached for each student. Incomplete travel packets will not be accepted.**

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Requestor Phone: \_\_\_\_\_

Departmental/Organization: \_\_\_\_\_

\*Travel Coordinator Name: \_\_\_\_\_ UTRGV Position Title: \_\_\_\_\_

\*Travel Coordinator Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\* A Travel Coordinator is a UTRGV full time Staff/ Faculty that will either be present or overseeing the trip in case of emergency. For student organizations, the Travel Coordinator is the group's advisor. During the duration of the trip, this individual is designated by UTRGV as a Campus Security Authority (CSA). CSAs have the responsibility for the timely reporting of any Clery reportable crime(s) that may occur during the trip to the UTRGV Police Department in accordance with the Jeanne Clery Act.

Purpose of Travel: \_\_\_\_\_

Date of Travel: Start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_  
City, State or Province (Please Include Country if international trip)

End: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Attach separate document if there are multiple travel dates and/or destinations during the period of travel.

Place of Stay: \_\_\_\_\_

Total Number of Travelers: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Departing Campus: \_\_\_\_\_

Non-Student: \_\_\_\_\_ Minors: \_\_\_\_\_

Type of Transportation: Please select those which apply:

Personal Vehicle  University Vehicle  Rental  Public Transportation  
(Plane, Bus, etc.)

UTRGV Faculty/Staff: \_\_\_\_\_

University expense: (if applicable)

Company: \_\_\_\_\_  
(For Rental/ Public Transportation)

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

Acct No.: \_\_\_\_\_

### Signatures of Approval:

By signing below, the Travel Coordinator acknowledges understanding and agreement to comply with reporting obligations as a Campus Security Authority.

1. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
UTRGV Travel Coordinator Name UTRGV Travel Coordinator Signature Date

2. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Dean of Students or Designee Name Dean of Students or Designee Signature Date

### DOS OFFICE USE ONLY:

Received: \_\_\_\_\_ / \_\_\_\_\_ Info Complete: \_\_\_\_\_ / \_\_\_\_\_ Logged: \_\_\_\_\_ / \_\_\_\_\_ Scanned: \_\_\_\_\_ / \_\_\_\_\_ Emailed: \_\_\_\_\_ / \_\_\_\_\_  
Date Initial Date Initial Date Initial Date Initial Date Initial