



# 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, & agreement form, then return the forms 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 traveling. 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.

**Purpose of Travel:** \_\_\_\_\_ **Date of Travel: Start:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **End:** \_\_\_\_\_

City, State or Province (Please Include Country if international trip)

\*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.)

University expense: (if applicable)

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

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

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

### 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 Number Date Initial Date Initial