



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. 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:* _____

Non-Student: _____ *Minors:* _____

Departing Campus: _____

UTRGV Faculty/Staff: _____

Type of Transportation: Please select those which apply:

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

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 Number Date Initial Date Initial

DOS Approval Confirmation #: _____