

**REQUEST FOR AUTHORIZATION**  
**STUDENT TRAVEL: UNIVERSITY ORGANIZED OR SPONSORED EVENTS**  
**THE UNIVERSITY OF TEXAS AT AUSTIN**

**Part I. Requestor/Sponsor Information**

Name of University Employee Responsible for Trip: \_\_\_\_\_

Position /Title : \_\_\_\_\_

Administrative Unit/Organization: \_\_\_\_\_

Phones: Office \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Part II. Trip Information**

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

Destination : \_\_\_\_\_

Dates of Travel: Departure \_\_\_\_\_ Return \_\_\_\_\_

Total Number of Participants: \_\_\_\_\_ Number of Non-Student Participants: \_\_\_\_\_

Lodging Arrangements: Address and Phone Number Required

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Transportation Arrangements:

Vehicle: \_\_\_\_\_ Rental Car \_\_\_\_\_ Personal Car \_\_\_\_\_ Van \_\_\_\_\_ UT Owned/Leased Vehicle (circle one)

Common Carrier \_\_\_\_\_

Name(s) of Drivers: \_\_\_\_\_

Name of University Employee Available for Contact in Event of Emergency: \_\_\_\_\_

Phones: Office \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Part III. Administrator Approval**

Required Information/Documents:

\_\_\_\_\_ List of All Participants/Emergency Contacts \_\_\_\_\_ Release/Indemnification Agreements

\_\_\_\_\_ Proof of Medical Insurance \_\_\_\_\_ Medical/Emergency Treatment Authorization Forms

\_\_\_\_\_ Valid Driver's License, if applicable

\_\_\_\_\_ Proof of Current Liability Insurance (For Personal Vehicle Use Only)

Approval Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_