



# The University of Texas at El Paso

## International Travel Exception Authorization Request

To comply with [UTS 190 International Travel Policy](#), faculty, staff, students, and official guests/volunteers participating in University-sponsored travel must receive authorization before traveling to a [Category 3 or 4 restricted region](#).

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

### Requestor Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### I. Risk Notification Statement

It is important that you UNDERSTAND & CAREFULLY CONSIDER THE FOLLOWING RISKS:

- The US Embassy nearest your destination may temporarily close or suspend public services for security reasons.
- The US Embassy nearest your destination may not be able to provide emergency assistance should you require it.
- If there is a need to evacuate in an emergency flights may be suspended, and other departure or shelter options may be limited or non-existent.
- Access to hospitals, emergency medical care and medications may be limited or non-existent.
- Should you experience difficulties, The University of Texas at El Paso, and its contracted emergency assistance provider, International SOS, may not be in a position to provide emergency assistance to you
- Participation in travel to a UTEP Restricted Region has inherent risks, which may include kidnapping or death. These risks can never be completely eliminated.
- Risks of travel to your destination, may include (but are not limited to) dangers to health and personal safety, including possible death posed by natural disaster, disease, terrorism, crime, civil unrest, and/or violence.

By submitting this request form I acknowledge and certify that I understand the risks associated with this travel. I further hereby release The University of Texas at El Paso, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the travel.

I also understand that travel approved by the International Oversight Committee (IOC) may be subject to additional review if there is a change in circumstances and/or additional review is deemed necessary by the IOC.

### II. Traveler Details

Name	ID Number	Designation	Signature (Acknowledgement of Risk Statement)

If students are listed on this request, a Travel Authorization Request must be submitted to Student Affairs.

**III. Travel Date(s) and Location(s)**

Destination(s)	From Date	To Date

**IV. Purpose of the Trip**

If applicable, include a copy of a conference agenda or an invitation to present/attend/perform at an event.

**V. Justification for Exception**

Provide a statement detailing the compelling reason why travel must take place in the proposed location and why you cannot engage in either a similar or alternate program in a different location.

**VI. Circumstances Mitigating Risk**

Lodging name and address: \_\_\_\_\_

Does your department have your cell phone number and emergency contact information? Yes  No   
Do you have your department's contact information, including after-hours information? Yes  No

Is this request for an extended 3-month period to a specific city? Yes  No

For Extended 3-Month Periods ONLY: Please provide exact dates of travel to your specific location:

Provide a complete itinerary of your travel, including the modes of transportation for all locations and departure/arrival dates. Information should include if your host will provide transportation, if you are traveling in groups, and if travel will occur in the day/night. Also include if you have experience traveling to the region.

VII. Administrator Approval	Printed Name	Signature	Date
Department Chair, Director, Faculty/Staff Sponsor or Designee			
Dean, Assistant/Associate Vice President			
Vice President/Provost			

**VIII. International Oversight Committee**

The International Oversight Committee  does /  does not recommend approval of the above request for exception to the international travel policy.

\_\_\_\_\_  
Richard Aauto, Executive Vice President

\_\_\_\_\_  
Date

- Approved  
 Denied

**If your exception is approved, you MUST:**

- **Make your travel arrangements using a UT System approved travel agency, and**
- **Register with International SOS.**
  - **For extended 3-month periods, you must register with International SOS for each trip related to this request.**