

UAFS International Exchange students

Travel Authorization Form (TAF)

1. You must type, print and submit this Travel Authorization Form THREE weeks prior to the departure.
2. Make copies of TAF and share with your families and home university staff.
3. If your home university requires additional travel authorization documents, you must submit them with this TAF.
4. Submit a copy of your flight/bus itinerary after completing the purchase of your tickets.

HAND WRITTEN FORM WILL NOT BE ACCEPTED. PLEASE TYPE AND PRINT.

Personal Information	
Full name	
Address in the US	
Cellular phone # in the US	
Departure Info	
Date	
Airline/Bus	
Flight/bus Number	
From	
Departure Time	
To	
Arrival Time	
Confirmation Numbers	
Lodging (1)	
Date of Reservation	
Hotel Name	
Hotel Address	
Hotel Phone Number	
Check-in Day	
Check-out Day	
Confirmation Number	
Lodging (2)	
Date of Reservation	
Hotel Name	
Hotel Address	
Hotel Phone Number	
Check-in Day	
Check-out Day	
Confirmation Number	
Lodging (3)	
Date of Reservation	
Hotel Name	
Hotel Address	
Hotel Phone Number	

Check-in Day	
Check-out Day	
Confirmation Number	
Return Info	
Date	
Airline/Bus	
Flight/bus Number	
From	
Departure Time	
To	
Arrival Time	
Confirmation Numbers	
Emergency Contacts	Name/Relationship/Phone Number/email address
Name/Relationship in the US (if you have any)	
Name/Relationship in your home country (parents)	

Release of Liabilities

I, the undersigned, in full recognition of the risks and hazards inherent in living, studying, and traveling to a foreign country or other US city to which I may be exposed during my travel or any independent research or activities undertaken as an adjunct thereto, and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge all of its officers, agents and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property or personal injury or death which may result from my travel and which result from causes beyond the control of and without the fault or negligence of the UAFS, its officers, agents or employees, during the period of my travel as aforesaid.

Participant's name

Date (MM/DD/YYYY)

Student ID Number

Received at UAFS International Office (MM/DD/YYYY)	
Sign of the International Office Staff	