

**TEXAS DEPARTMENT OF INSURANCE**  
**STATE FIRE MARSHAL'S OFFICE**  
**Off-Campus Organization Inspection**  
**Verification Form**

Instructions: Please complete the form with all requested information. When addressing information about your organization, reply with information specific to the location of any off-campus facility used by the organization.

Organization Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

University Affiliation: \_\_\_\_\_

Name of Organization Representative: \_\_\_\_\_

Representative Telephone Number: \_\_\_\_\_

Date of Fire Inspection: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Department Conducting Inspection: \_\_\_\_\_

Department Telephone Number: \_\_\_\_\_

**Status of Fire Safety Inspection**

Passed Fire Safety Inspection:  \_\_\_\_\_

Failed Fire Safety Inspection:  \_\_\_\_\_

**Failure to provide accurate and complete information may adversely affect your organization's official status. All information is subject to verification.**

When completed, return form to:  
Office of Student Affairs

Return Copy of form to:  
Texas Department of Insurance  
State Fire Marshal's Office  
Fire Safety Inspection Services Division  
P.O. Box 149221 MC: 112FM  
Austin, Texas 78714-9221

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date