

TRAVEL AUTHORIZATION

United States of America
State of New York
County of New York

To Whom It May Concern:

I/We, _____ am/are
(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

Child's full name: _____

Date of Birth: _____ Place of Birth: _____

U.S. Passport Number: _____ Date + Place of Issuance of U.S. Passport _____

_____, has my/our consent to travel with:
(Child's Full Name)

Full name of accompanying person: _____

U.S. or foreign passport number: _____ Date and Place of issuance of this passport: _____

to visit _____ during the period of _____
(Name of Foreign Country) (Dates of Travel: Departure and Return)

During that period, _____ will be residing with
(Child's Name)

_____ at the following address:
(Name of Person Who Child will be Residing With in Foreign Country)

Hotel/Resort/Number/street address + apartment #: _____

City, State/Province, Country: _____

Telephone and fax numbers: _____

Signature: _____ Date: _____
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Print Your Full Name Here: _____

Signature: _____ Date: _____
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Print Your Full Name Here: _____

Sworn to before me this ____ day of _____, 20____

Notary Public, State of New York