

Applicant Passport Name: _____

Project Name: _____

Project Date: _____

Project Leader: _____



"GOING and SENDING to share the Gospel with the world"

**IMPACT PROJECT MANUAL
AND
SHORT-TERM PROJECT
APPLICATION PACKET**

Stevens Street Baptist Church

Version 11/15/2018

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IMPORTANT NOTE

Pages 1-14 are to be used as your project manual with some information going to your project leaders, as noted. Pages 15-23 along with two copies of your passport and The Release of Information Authorization in the Appendix are to be mailed with your \$100 deposit for the project. Use the envelopes provided in this packet to mail these completed pages, along with your check made out to Stevens Street Baptist Church, to:

*Stevens Street Baptist Church
Attention Missions Pastor Rick Lowhorn
327 W. Stevens Street
Cookeville, TN 38501*

SSBC IMPACT Strategy Team

Alex Case
Kelly Parkison
Teresa Cooper
Bobby Anderson
Mike Buckner
Joel Deason
Jennifer Acuff
Matt Julian
Angela Willis
Leann Yuill (Student Intern)
Rick Lowhorn (Missions Pastor)

IMPACT Project Leader *(project specific)*

Name: _____
Email: _____
Phone: _____

Project Overview

Each PROJECT LEADER will give project specific information at the initial team meeting. This page may used to record that information. The PROJECT DESCRIPTION SHEET which is available at the Mission Station and on the church website may also be used to complete some of this information.

1. Name and contact information of the IMPACT project Partner
 - a. _____
 - b. _____
2. Schedule of this project with information of flight itinerary
 - a. _____
 - b. Departure: _____
 - c. Return: _____
3. Location of the project work and a short description of the kind of work to be done
 - a. Location: _____
 - b. Description: _____

4. Information of the project leader and their qualifications to lead this specific project

5. A schedule of the week with some details of specific days

6. What would be considered a successful project if achieved (goals)

7. What might be included in objectives to achieve goals

8. Any special instructions such as:
 - a. passport and visa requirements
<https://travel.state.gov/content/passports/en/passports.html>
 - b. Immunizations and meds for that project
<https://wwwnc.cdc.gov/travel/destinations/list/>

Project Cost

All projects will have application and payment deadlines. The SHORT-TERM IMPACT PROJECT APPLICATION, along with a passport copy and a non-refundable \$100 deposit should be mailed in one of the packet envelopes by the first deadline. THE DEPOSIT AND APPLICATION DEADLINE IS VERY IMPORTANT. No commitments to refunds can be made, and each situation will have to be handled individually.

Project Schedule of Payments

The Project Team Leader will set a schedule of payments for your project. This table is an example of what to expect.

Payment Percentage	Amount Due	Typical Time Before Project Departure	Date Due
\$100 Deposit with Application and Passport Copy		150 days prior	
25% First Payment (Less Deposit)		120 days prior	
25% Second Payment		90 days prior	
25% Third Payment		60 days prior	
25% Fourth Payment*		30 days prior	

Checks should be made out to the church and mailed to the church using the envelopes included in this packet. These funds should not be given in the offering plates, left at the Mission Station, or handed to a staff member. All funds given to an account will go to fully fund the person's cost and other costs of the project. ***If a Go Scholarship is needed, mail the GO Scholarship Request on page 19 with the rest of the application (pages 17-23). If the request is approved, that scholarship typically will fund the last 25% of the project cost for SSBC members, so long as Go Scholarship funds are available. Scholarships are made available based upon financial needs. If you can cover the full amount for your project cost, please do not submit an application for a scholarship. The funds available are always limited. If the availability of the scholarship will determine if you go or not, please submit the application.** Any funds given to an account in excess of what is needed to fund one's project expense, will be used to help with other project costs or used to help fund future projects. This will be decided by the Missions Pastor. Please give the form on Page 9 along with one of the church-addressed envelopes to people who have told you that they desire to support you financially.

Raising of Funds

Securing the finances for Mission Trips can be a challenge, but here are some ideas and tips that may make it easier.

1. Start thinking about this early in the planning process for any trip – maybe even begin building the funds before you decide where and when to go on a trip.
2. Don't just use one method of fundraising – be creative and find different ways to raise the money. While there are many ways to raise money, the most effective is the Request for Support letters that are sent to family and friends.
3. Don't underestimate the willingness of friends, family and coworkers to help you pay for the trip.
4. They can't go, but they believe that their gift toward your trip will change lives.
5. They can sense that you are totally committed to, and enthusiastic about, the trip and that you are depending on their prayers and support.
6. They believe you will keep them informed and they can feel part of the trip – decide how you will keep them updated.
7. Keep your focus on God and not your financial need.
8. If needed, submit the SSBC Go Scholarship Request (Page 19) along with the rest of your application packet.

SSBC will assist in the expense to go on the project if you demonstrate that you have a need and are raising funds yourself.

Request for Support Letter

It is natural to have some feelings of discomfort in asking others to help support you. But keep in mind that you are not asking money for yourself but instead are giving them the chance to partner with you in fulfilling the Great Commission. The sample letter on page 9 is meant as a guide to give you an idea of how to write your own support letter. We would encourage you to go to people outside the church, especially family and friends and acquaintances. Those in the church are supporting you through the scholarships given. Try not to copy it word for word; but instead give your letter a personal touch. Consider adding graphics such as a picture of yourself, map of the country you are going to, etc. Make this a personal letter, especially to family members and friends. Also send a thank you with a report on the project to follow.

Include in the envelop a donor card as provided on the following page. Also include with the card an addressed return envelope (Address: Stevens Street Baptist Church, Attention Missions Pastor Rick Lowhorn, 327 W. Stevens Street, Cookeville, TN 38501) to make it easy to respond.

Sample Letter

Dear << Name >>,

This summer I have the wonderful opportunity of going to << name of country >> on a short-term project with my church, Stevens Street Baptist Church and << name of mission's organization if applicable >>. God has put this trip on my heart and I desire to go and be used by Him for His glory to minister to the people of << name of country >>.

The trip to << name of country >> is scheduled for << dates of trip >>. Before we depart we will be spending time in orientation and preparing for various ministry opportunities. Ministry opportunities being planned include << list the specific opportunities being planned for your trip >>. Before this trip can take place, I need to trust God to provide a team of partners who will support me both in prayer as well as in finances. If you would be willing to be a prayer partner please let me know and I will send you more prayer requests prior to our departure.

The cost of the trip is approximately << \$\$\$ >>, which includes all my travel, lodging, and food. I will be making payments on this amount between <<initial deposit date>> and <<final payment date>>. If the Lord leads you to support me financially, please consider sending your gift back in response to the letter. Please send your gift with the card below to Stevens Street Baptist Church. I have enclosed a preaddressed envelop. Thank you so much for the time and consideration that you've given this request.

Sincerely in Christ,
<< Your Name & Address >>

Participant's Name _____

Mission Trip State/Country _____

I want to be part of this Mission Trip and I will help in the following ways:

Pray for you, the team, and the nationals you will visit

Provide a gift/investment of \$ _____

Provide names of others that might want to be part of this project (on back)

Name _____

Address _____ City _____

State/Zip _____ E-mail _____

Please return this card in the enclosed envelope--make CHECKS PAYABLE to Stevens Street Baptist Church. Thank you for your partnership.

Note: No contributions statement will be sent to you. Consult your tax advisor for guidance.

A copy of the cards received by the church will be given to the applicant.

CHECKLIST AND/OR TIMELINE ACTIVITIES
(Project Leader will encourage you in these activities.)

FIRST STEP: Mail the following items to SSBC

- The completed SSBC Short Term Impact Project Application Packet, pages 15-23. This can be found at the Mission Station.
- The completed *Authorization For The Release of Information Under the Privacy Act* found in the Appendix
- Two copies of your passport including the signature page.

SIX TO THREE MONTHS BEFORE TRIP

- Get a passport or renew yours (if needed).
This should be done at least six months prior to trip.
Must be valid at least 6 months after your return date.
- Pay all payments as per the schedule of payments given on the Project Description Sheet.
- Inquire about any VISA requirements for country of trip.
- Contact family doctor or Travel Clinic at CRMC to get recommended immunizations or medicines. Do this as early as possible because some immunizations take time to be effective.
- Attend team preparation meetings as outlined by your Project Leader.
- Begin fundraising to secure needed funds.

THREE MONTHS BEFORE TRIP

- Make a list of areas where you are interested to serve (based on type of trip being planned).
- Begin to collect items needed for crafts, teaching children and games for children if you are going to be involved in children's ministry work.
- Prepare spiritually with regular Bible study and prayer.
- Attend team preparation meetings as scheduled by Project Leader.
- Make copies of your passport ID page:
 - Enclose one with your SSBC Short Term Impact Project Application Packet, pages 15-23.
 - Leave one with someone who could send a copy via email if passport is lost or stolen.
 - Give a copy to the Project Leader.
 - Put a Copy in each bag taken.
 - Keep one on you at all times.
- Continue fundraising.
- Read about the country, culture, and people where you will be ministering.

ONE MONTH BEFORE TRIP

- Prepare your individual packing list (suggested items list will be provided).
- Get copies of regular prescriptions and necessary amounts of medicines to take with you. Take extra medicine in its original container with pharmacy label on the container.
- Make a list of names that you want to contact – perhaps make email list or private Face Book page to send updates and post pictures during the trip
- Do a “trial run” with your suitcase – if it weighs too much, you will need to pay extra or leave items behind.
- Buy needed gifts for nationals where you will minister (if recommended). Gifts are usually not included as part of the project cost. Each person going will either pack gifts to take with them, or during the project a collection is taken from each project member and whatever is collected is then divided up and given to the nationals that worked with the team. Oftentimes, you do a little of both because you do not know how many people will be helping before you leave.

ONE WEEK BEFORE TRIP

- Get cash as needed – specific denominations, bills printed in certain years, etc. to avoid problems with money exchange.
- Put travel alerts on credit cards.
- Separate travel documents and place copies of passport in folder in carry-on bag.
- Pack snacks and “emergency” food (energy bars, etc.) in suitcase.
- Pack at least one change of clothes in carry-on bag. This can be very important on some projects that include long lay overs as part of the flight itinerary. Sometimes in these situations the checked luggage is delayed so this change of clothes will be very important.
- Pack all medicines and required toiletry items in carry-on bag.
- Keep praying and asking God to lead you and the team while on trip.
- Check weather report for destination country/area to make sure there are no surprises and that you packed the right clothes.

Things to know before you go

- **Passport:** Everything you need to know about getting a passport can be found at the Putnam County Circuit Court Clerk or by going to <http://www.uspassporthelpguide.com/passports/tennessee/passport-offices-in-putnam-county-tennessee/putnam-county-clerk-of-circuitcourt/>.

Please submit with application two copies of the signature page of the passport. You will also need to put a copy in each of your travel bags. While on the project it is imperative that you know at all times where your passport is. In order to be sure of this, many choose to carry their passport with them during the project.

- There will be a **Post Project Meeting** of the Project Leader and the Pastor of Missions and/or the IMPACT Strategy Team. In preparation for this meeting you need to write a short description of your time on the project and your thoughts on the goals achieved and give it to you Project Leader.

Travel Protection Insurance is required and may be included as part of the project cost. This is not a major expense so please ask your team leader about this.

Some of the benefits typically are:

- Trip cancellation coverage, emergency medical expense, emergency dental expense and emergency medical evacuation
- Specific coverage amounts and other benefits will be provided before the trip
- Some Emergency Medical Insurance
- Tips for **Safe Travel** while on International Mission Trips
 - Do not wear expensive jewelry, minimal jewelry is best.
 - Use backpack or "over the body" design purse for valuables.
 - Keep wallets in secure locations – no loose back pockets (guys) or open bags.
 - Do not show large amounts of money when purchasing something.
 - Keep money in more than one place.
 - Do not wander away from main group alone.
 - Always carry a copy of your passport.
 - In some countries, it is recommended that you do not wear clothing with USA or American logos on the garment
 - Women/girls should keep safe and should travel in groups.
 - Avoid any stray animals.
 - Always have hand sanitizer wherever you go.
 - Avoid areas with broken glass or metal pieces if possible to avoid injury.
 - Have a flashlight for night travel.
- Tips to **Stay Healthy** on International Mission Trips (Source: US Department of Health and Human Services, Public Health Services, Center for Disease Control – Health Information for International Travel)
 - Fruits and Vegetables (especially in areas of inadequate sanitation and/or when traveling to underdeveloped countries)
 - Avoid salads and raw vegetables.
 - No fresh fruit unless you completely peel it yourself.
 - Eat only well cooked foods which are serviced hot.
 - Avoid raw meat and raw fish.
 - Do not eat food prepared by street vendors.
 - Water

- Avoid all tap water.
- Canned drinks which you open are preferred.
- Coffee or hot drinks are usually safe when water is boiled.
- Dry any wet cans before opening them to drink.
- Do not use ice in beverages – can be contaminated if made with local water.
- Avoid all drinks diluted with tap water.
- Avoid using tap water to brush your teeth.

IF THESE ARE PREPARED AT A MISSIONARY COMPOUND WITH SAFE WATER, SANITATION, WATER AND PROPER FILTRATION SYSTEM, MOST OF THESE ITEMS CAN BE CONSUMED.

- **Communication** can often be a challenge on international trips. Sometimes there is limited (or no) internet access and there can even be times with no cell service. When there is an opportunity to access the internet, take advantage to update family and friends back home. Make a plan that you may only be able to contact one person but that person will notify others in your group.
- **Swimming** - It is typically discouraged to swim in any body of water unless it is a pool with chlorinated water.
- **Travelers' diarrhea** is a syndrome characterized by a two-fold or greater increase in the number and looseness of bowel movements. Symptoms typically include abdominal cramps, nausea, bloating, urgency and can even include a fever. It is usually 3-4 days in duration and most common source is contaminated food and water. **Most travel clinics will prescribe an antibiotic like Cipro or Amoxicillin as a precautionary measure when traveling to certain parts of the world.**
- **Sunscreen and Mosquito repellent.** While not a medicine, you should ask your Project Leader about the need for these items in your Project country.
- **Prescription Medicines.** Take a supply of your medications in their original packaging – enough for your entire stay plus a few extra days.

Electrical Connections and Power Supply in many countries are of type C and J (see picture). You will need adapters to be able to plug the US flat prongs into the round pin connections.



Examples of wall outlets:



Type C: This socket also works with plug E and F



Type J: This socket also works with plug C but NOT with N

Standard voltage in Europe is between 220-240V. Check all devices (including chargers) for rating. If the label states RATED OR INPUT: 100-240V, 50/60Hz, it should be suitable without a voltage converter in most countries. US voltage is 120V, 60 Hz so be sure to check all devices.



STEVENS STREET BAPTIST CHURCH

SHORT-TERM IMPACT PROJECT APPLICATION PACKET

- SSBC IMPACT PROJECT Application Form (pg. 15-23)
- Project Cost and Scholarship Request (pg. 19)
- Medical Release Form (pg. 21)
- Impact Project Physicians Form (pg. 22)
- Agreement with SSBC and Assumption of Risk (pg. 23)

IMPORTANT NOTE

Pages 1-14 are to be used as your project manual with some information going to your project leaders, as noted. Pages 15-23 along with two copies of your passport and The Release of Information Authorization in the Appendix are to be mailed with your \$100 deposit for the project. Use the envelopes provided in this packet to mail these completed pages, along with your check made out to Stevens Street Baptist Church, to:

*Stevens Street Baptist Church
Attention Missions Pastor Rick Lowhorn
327 W. Stevens Street
Cookeville, TN 38501*



SSBC IMPACT PROJECT APPLICATION FORM

PERSONAL DATA

Print: Full Legal Name (**As it appears on passport**)

First Middle Last

Date of Birth _____ Age _____ Gender _____

Address _____
Street City State Zip

Home Phone _____ Cell # _____ E-mail Address: _____

Shirt size: (please circle) Small Medium Large Extra Large 2X 3X 4X

Passport Number: _____ Country of Citizenship: _____

Place and date of issue: _____ Expiration Date _____

List previous citizenships, if any _____ Place of Birth: _____
City State

Minors: Anyone under the age of 18 must be accompanied by an adult, preferably a parent. That accompanying adult must sign this application and must prepare a full application of their own.

Accompanying Adult's Signature: _____ Date: _____

Marital Status: _____ Spouse's Name: _____

Is your spouse supportive of your applying for this trip? Yes _____ No _____ If No, please explain:

Travel Insurance Beneficiary: _____

Important: You need to have a passport, valid for at least 6 months AFTER the end of the trip. If you do not yet have a passport, you need to apply for one as soon as possible. This is of such importance that we would not recommend you turn in the packet prior to receipt of your passport.

SERVICE INTEREST

Which IMPACT project are you interested in joining and explain why you feel motivated be a part of that project. _____

List your skills, gifts and abilities: _____

CHRISTIAN EXPERIENCE

Please describe how you came to know Jesus Christ as your Savior:

What are your habits of Bible study and prayer? How have you grown spiritually in the past year?

How regularly do you attend church/church-related activities? Are you a church member? Yes__ No__
If so, where: _____ Please list the ministries with which you have been involved at your church. (Please include time of involvement and any leadership positions held.)

FIELD MINISTRY

List previous overseas experience (country, length of stay and purpose of trip):

Are you an ordained pastor or a lay preacher? YES NO

Would you be willing and able to give a devotional or speak? YES NO

Foreign language(s) I speak: _____ Proficiency: Good Fair "Cloudy"

Do you sing? YES NO Would you do special music on the project? YES NO

Please share any special skills or abilities you would like to use during the project: (e.g., puppets, drama, guitar, dance, sign language etc.) _____

Demonstrated Commitment to the Project

I desire to go on this short-term mission project and commit to pray for the everything relative to this project and specifically for:

- People to hear the Gospel with open hearts and to see my love for them
- Safety on the trip for all participants
- Hearts of those going to be full of God's love and spiritually ready

To Prepare for this project I agree to:

- Study about the country I am going to, and especially its people and history
- Pray, pray and pray some more, and to ask people to pray
- Make time with God a priority in my life, especially time with Him in His scripture
- Make physical readiness a goal
- To ask someone to be my accountability partner in relationship to keeping all these goals, and
- Begin, right now, to give God the glory for all He is, and will, do!!

Enclosed is my check for the initial deposit in the amount of _____.

Signature

Date



Project Cost and GO Scholarship Request

SSBC will assist applicants with financial need if you demonstrate that you have and are raising funds yourself. This application will serve as your request for assistance if you desire it. Typically, assistance will be the final 25% of the total cost, but not more than the amount that is needed. Please complete the following as part of this application.

Total Cost of Project: _____
 Amount Raised: _____
 Amount Needed: _____
 25% of Total: _____
 Amount Approved: _____ (Date Reviewed by IST:_____)

Working from the Project Manual put together by the Project Team Leader, please complete the following schedule of payment to be followed for your project.

Payment Percentage	Amount Due	Typical Time Before Project Departure	Date Due
\$100 Deposit with Application and Passport Copy		150 days prior	
25% First Payment (Less Deposit)		120 days prior	
25% Second Payment		90 days prior	
25% Third Payment		60 days prior	
25% Fourth Payment*		30 days prior	

Yes, if the funds are available, I will would like to request the *25% scholarship from the church. Please let me know if I have received the scholarship by emailing me at _____.

Applicant's Email

Applicant's Signature

Date

Amount: _____

Scholarship Approval by
IMPACT Strategy Team
Missions Pastor Signature

Date Email Sent to Applicant

Date Funds from GO account to Trip Account

Medical Release Form

Name of Applicant _____

Date of Birth _____

Address _____ City _____ State _____ ZIP _____

PERMISSION

- I do hereby verify that the below information is correct and I do hereby grant permission for the church to obtain medical attention in case of sickness or injury.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for my welfare should I be unable to make reasonable and sound decisions for myself.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on the project.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to me, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting me to and from the activities.
- I have considered the immunization needs for the country in which this project is located.

Signature of Participant

Date

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone # _____

Check any applicable and give appropriate information below:

- None
- Allergies
- Asthma
- Bronchitis
- Diabetes
- Dizziness
- Heart Trouble
- Kidney Trouble
- Sinusitis
- Stomach Upset
- Other

Medications being Taken: (Name, Dose, Time) _____

Allergies and Meds for: _____

Are you being treated for a Chronic Illness/Injury? (Please Circle) yes no

If you check yes to the question about chronic illness, an IMPACT PROJECT PHYSIAN'S STATEMENT to travel and participate on this Short-Term IMPACT Project is required and should include diagnoses and treatment. The form is INCLUDED WITH THIS PACKET (Next page).

EMERGENCY NOTIFICATION

Relative _____ Phone _____

Friend _____ Phone _____

NOTARY

Dated this ____ day of _____, 20____, State of _____ County of _____

On this ____ day of _____, 20____, _____

(Participant)

personally appeared before me, and in my presence executed the within foregoing permission and release form. Witness my hand and official seal this ____ day of _____, 20____, My commission expires _____.

Signature Notary Public _____



IMPACT PROJECT PHYSICIAN'S FORM

(Only Needed If Chronic Conditions Exists/ or you have had a surgery in the past 6 months)

I, _____ affirm _____ is a patient of
(Physician's Name) (Patient's Name)
this practice.

I understand that my patient , _____, plans on going on a project that will be _____ days long. The project will include: (Please write a brief description of the project including details on anything that might be physically demanding, temperatures experienced, prolonged travel, etc.)

_____ IS OR IS NOT (Please circle) physically able to participate in
(Patient's Name)

_____ Short Term IMPACT project
(Name of Project)

Scheduled for _____.
(Dates of Mission Trip)

Physician's Signature

Date



AGREEMENT WITH
STEVENS STREET BAPTIST CHURCH
RELATIVE TO THIS IMPACT PROJECT

By signing this agreement, I am indicating that I have decided to participate in the IMPACT PROJECT, and I plan to obtain the funds necessary to do so. I realize that all monies received will be submitted to SSBC and will be administered as a personal "support account" that goes toward the PROJECT.

In the event that project funds raised exceed project costs, I understand that such excess funds may be used to cover other project costs. In the event that I do not participate in the project, any charges incurred for me or on my behalf (airline cancellation fees, deposits, etc.) will be deducted from my account, and I will be responsible for any deficit. I will pay any deficit within (180) days following notice to me of the amount of such deficit. Gifts become the sole property of SSBC. A gift to SSBC is a charitable contribution for federal income tax purposes to the extent permitted by law. Tax deductible gifts cannot be refunded. In the event I do not participate in the project, gifts to SSBC may go to help the ministry being worked with on this project or to support other project costs.

I am a Christian and believe that the Bible commands Christians to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18: 15-20; 1 Corinthians 6:1-8). I also understand that Stevens Street Baptist Church is a Southern Baptist Church that believes that God saves people as they by faith trust in Jesus Christ. I understand that this simple statement gives the background from which those on this project will draw to share with others. I agree that if I have any questions relative to this simple statement I will ask for clarification unto agreement before turning in the packet.

Printed Name

Signature

Date Signed

Project

IMPORTANT: Please have a witness observe your signature, and have that witness sign below. A witness must be at least 18 and should not be relative.

Witness

Address

City, State & Zip

APPENDIX



FOR SOCIAL SECURITY, VETERANS AND CIVIL SERVICE
U.S. Department of State

CONSULAR OFFICES OF THE UNITED STATES OF AMERICA

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, a U.S. Consular Office cannot release any information regarding you to anyone without your written consent except as set forth in the Act. Please complete the authorization below, specifying whom a U.S. Consular Office may contact and to whom to release information with regard to your case. Please return the completed authorization to a U.S. Consular Office. Local language translations are acceptable to facilitate completion of the form in English.

The U.S. Government, by providing the Authorization for the Release of Information Under the Privacy Act Form, cannot under any circumstances compel an individual to complete and submit the form. PLEASE CAREFULLY CONSIDER TO WHOM, AND WHAT INFORMATION IS BEING DISCLOSED.

IMPORTANT: You are not obliged to grant anyone access to information regarding you but failure to provide the information requested on this form may make it more difficult, or impossible, for the Department of State or the U.S. Consular Office to assist you.

NOMBRE

Your Full Name *(Last, First, MI)*

Place of Birth *(City, State/Province, Country)*

Born At:

CLAIM NUMBER SS#: _____

Date of Birth
(mm-dd-yyyy)

On:

SECTION A

I hereby authorize the U.S. Consular Office of the United States of America and the U.S. Department of State to release information regarding me to the following individuals:

Name <i>(Last, First)</i>	Telephone Number	Address	Relationship
BANCO			
MINISTERIO DE RELACIONES EXTERIORES			

IN THE EVENT OTHER PERSONS REQUEST INFORMATION REGARDING MY CASE, INFORMATION CAN BE RELEASED TO THE FOLLOWING:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Family (Other than Those Listed Under Section A)
<input type="checkbox"/>	<input type="checkbox"/>	Friends (Other than Those Listed Under Section A)
<input type="checkbox"/>	<input type="checkbox"/>	Individual Members of Congress and Staff
<input type="checkbox"/>	<input type="checkbox"/>	Members of the Media
<input type="checkbox"/>	<input type="checkbox"/>	The General Public
<input type="checkbox"/>	<input type="checkbox"/>	Employer

Please review the form before signing. Information will only be released under Section A if requested and if we have your signed authorization.

Signature of the Applicant
(Please Sign In Black or Blue Ink)

City, Country

Print Your Name

Date (mm-dd-yyyy)

PRIVACY ACT STATEMENT

This information is needed to assist you in your present need for consular services. The primary purpose for soliciting this information is to establish your citizenship, identity, and entitlement to welfare protection services offered by the U.S. Government.

The U.S. Department of State is committed to ensuring that any personal information received is safeguarded against unauthorized disclosure. The data you provide is subject to the provisions of the Privacy Act (5 U.S.C. 552a). This means that the U.S. Department of State will not disclose the information you provide unless you have given us written authorization to do so, or unless the disclosure is otherwise permitted under the provisions of the Act or in accordance with our routine uses published in Title 22 of the Code of Federal Regulations. The information solicited on this form may be made available as a routine use to other government agencies for law enforcement and administrative purposes. For further information on routine uses, please visit <http://www.state.gov/documents/organization/102787.pdf>.

