



## SYRIAN AMERICAN MEDICAL SOCIETY

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Washington, DC 20006

OH Office  
3660 Stutz Dr. Suite 100  
Canfield, OH 44406

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### DHS Consent Form

Please provide the following details to inform about your individual information and about the upcoming medical or humanitarian mission that you will take part in.

#### Individual Information:

Name:

Home Address:

Date of Birth:

Passport Number:

#### Departure Trip Information:

Date Departing:

Departure Location (Airport):

Arrival Location:

#### Return Trip Information:

Date Returning:

Departure Location (Airport):

Arrival Location (Airport):

By signing and dating below, you are consenting that this information can be sent to the United States Department of Homeland Security to facilitate your international travel. **Please make sure to attach a copy of your airline itinerary with this form.**

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Signature

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Date