



SYRIAN AMERICAN MEDICAL SOCIETY

DC Office
1012 14th St. NW Ste. 1475
Washington, DC 20006

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

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.**

Signature

Date