



PRIVACY ACT WAIVER
FOR USE BY THE OFFICE OF CHILDREN'S ISSUES,
BUREAU OF CONSULAR AFFAIRS, U.S. DEPARTMENT OF STATE

U.S. CENTRAL AUTHORITY
HAGUE CONVENTION ON THE CIVIL ASPECTS OF INTERNATIONAL CHILD ABDUCTION

A. I, _____(name), the _____(relationship to child/ren) of the child/ren listed below, authorize the Office of Children's Issues (CI) to discuss my case with the persons or organizations indicated in Section B below, involving my children named below.

Name of Child: _____, DOB: _____, Citizenship: _____
Name of Child: _____, DOB: _____, Citizenship: _____
Name of Child: _____, DOB: _____, Citizenship: _____
Name of Child: _____, DOB: _____, Citizenship: _____

I am a citizen of the United States. Yes No
I am legal permanent resident of the United States. Yes No

B. In the event that persons or organizations request information regarding your case, CI may release information to: (Please check Yes or No as appropriate)

Family Members and/or Friends: Yes No

If yes, then please list full names and relationship to child.
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Other Non Governmental Organizations: Yes No
Members of the Press: Yes No
Individual Members of Congress: Yes No
The General Public: Yes No
Prospective Attorneys: Yes No

** Note: Legal Assistance Questionnaire must be completed separately.*

Authorization Statement:

I hereby authorize the Office of Children's Issues to provide information regarding my case to prospective attorneys and any entity authorized in Section B of this form.

Signature of Applicant

Date (MM/DD/YYYY)