



Travel Information Services, Inc.
INTERNATIONAL VISA SERVICE

REQUEST FOR MEDICAL RECORDS

DATE: _____

TO: _____ **Medical Facility/Hospital**

Name: _____

Date of Birth: _____

Social Security Number: _____

Doctor's Name: _____

Date of Last Visit: _____

Address: _____

I authorize INTERNATIONAL VISA SERVICE or it's DESIGNEE to act as my Representative in this matter.

Signature

Date

Signed before me this _____ **day of** _____ **20** _____.

Notary



Travel Information Services, Inc.
INTERNATIONAL VISA SERVICE

Date _____

REQUEST FOR CERTIFIED COPY OF ADOPTION DECREE

To Whom It May Concern:

Please send a certified copy of the adoption decree for the following person for the purpose of obtaining a passport.

NAME: _____

DATE OF BIRTH: _____

STATE OF ADOPTION: _____

NAME OF ADOPTIVE PARENTS: _____

DATE OF ADOPTION: _____

I authorize **INTERNATIONAL VISA SERVICE** or its Designee to act as my representative in this matter.

Signature

Signed before me this _____ day of _____, 19_____.

Notary Public



Travel Information Services, Inc.
INTERNATIONAL VISA SERVICE

Request for Disposition

Please complete the following information as best you can recall regarding the incident for which you are requesting the disposition:

Type of Incident: _____

Date of Incident: _____

Court Date: _____

File or Case Number: _____

Exact Location of Incident: _____

Any other detail you can remember that will help us to locate the disposition:



Travel Information Services, Inc.
INTERNATIONAL VISA SERVICE

REQUEST FOR DISPOSITION OF ARREST

DATE: _____

TO: _____ **CLERK OF COURT**

For the purpose of submitting the certified copy of the disposition of arrest to the Immigration Office in Atlanta, Georgia. A Certified Copy of the disposition must be submitted in order for the person and/or family to apply for citizenship.

Name: _____

Date of Birth: _____

Social Security Number: _____

Date of Arrest: _____

Court Date: _____

Address: _____

I authorize INTERNATIONAL VISA SERVICE or it's DESIGNEE to act as my Representative in this matter.

Signature

Date

Signed before me this _____ **day of** _____ **20** _____.

Notary



Travel Information Services, Inc. INTERNATIONAL VISA SERVICE

Date _____

REQUEST FOR SCHOOL RECORD

To Whom It May Concern:

Please send a copy of the school record for the following person:

NAME: _____

CITY: _____

COUNTY: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

OTHER INFORMATION REQUESTED: _____

I, the undersigned, authorize **INTERNATIONAL VISA SERVICE**, Atlanta, Georgia, to act as my representative in this matter.

Signature

Signed before me this _____ day of _____, 19 _____.

Notary Public