

8689 Sierra Avenue, Suite #B Fontana, California 92335 Compliance@respaadvisors.net Office: (909) 271-1123 Fax: (888) 235-4244



To Whom It May Concern:

I/We,	
I/We,(Full Name(s) of Custodia	al and/or Non-Custodial Parent(s)/Legal Guardian(s))
am/are the lawful custodial parent and/or no Child's full name:	on-custodial parent(s) or legal guardian(s) of:
Date of Birth:	
riace of Birtil.	
U.S. Passport Number:	
Date and Place of Issuance of U.S. Passpor	t:
	_, has my/our consent to travel with:
, , , , , , , , , , , , , , , , , , ,	
ITS or foreign passport number:	
Date and Place of issuance of this passnort:	
Date and I face of issuance of this passport.	
to visit	during the period of (Dates of Travel: Departure and Return)
During that period,(Child's N	will be residing with
	at the following address:
(Name of Person Who Child will be Residing With in F	at the following address:
Number/street address and apartment number:  City, State/Province, Country:  Telephone and fax numbers (work, cell phone and residence)	
Signature:  (Signature of Custodial Parent, and/or Non-Custodial Parent, a	Custodial Parent or Legal Guardian)  Date:
Full Name:	
Signature:  (Signature of Custodial Parent, and/or Non-Custodial Parent, a	
Full Name:	
Signed before me,	(Full Name of Witness)
thisatat	(Name of Location)
Signature:	