U.S. citizens residing in Nicaragua are invited to complete print the registration card below and submit it to the U.S. Embassy Consular section during regular working hours.

The information provided is to assist us in contacting citizens in emergency circumstances and facilitates passport replacement when original documents are lost. All personal information is considered private and except in emergency circumstances, will not be released unless the party has signed the Privacy Act Waiver contained on the reverse of this registration card.

Name: (last)	**(First)**	**(Middle)**
Other names you have used (last):	**(First)**	**(Middle)**
Place of birth (city, state, country):	**Date of birth:**	**Sex:** Male ☐ Female ☐
US passport #: **Date of**	**Place of issuance:**	**Expiration date:**
Local address:		**Local phone:**
US address: street & number	**City/State/Zip:**	**US phone:**
Emergency contact person:	**Relationship:**	
Emergency address:		**Emergency phone:**
Business address:		**Business phone:**

If you are a U.S. citizen by naturalization, please provide your naturalization certificate #:	Dependents with you				
		Name	**Date of Birth**	**Place of Birth**	**Nationality**	**Passport #**
	Spouse					
	Children					
Occupation: **SS#:**					
Visible distinguishing marks: (scars,					
How long do you plan to be in					
Date completed **For**	**Date data entered:**			**Operator:**	

PRIVACY ACT WAIVER

Pursuant to the Privacy Act of 1974, 5 USC Section 552a or PL 93-579, the embassy and the United States Department of State cannot release any information concerning you without your prior written consent unless the information is either a matter of public record or unless its disclosure would be permitted in accordance with 5 USC Section 552a(b). By completing the form below, you either affirm your Privacy Act protections or you authorize the embassy and/or the United States Department of State to release information in its files about you to (1) any interested parties, or (2) to selected parties.

AFFIRMATION OF PRIVACY ACT RIGHTS

I, _____, do not authorize either the United States Embassy in Nicaragua or the United States Department of State in Washington, D.C., to release any information concerning me which is found in either embassy or Department of State files unless the matter is a matter of public record or its disclosure would be permitted in accordance with 5 USC 522a(b).

_____   _____   _____
(Printed Name)   (Date and Place)   (Signature)

AUTHORIZATION FOR THE RELEASE OF INFORMATION PURSUANT TO THE PRIVACY ACT

I, _____, authorize the United States Embassy in Nicaragua and the United States Department of State in Washington, D.C., to release information in its files concerning me to the following inquirers:

Anyone who asks about me: YES   NO

Only the parties and/or organizations listed below (Use additional sheets if necessary):

1. _____   3. _____

2. _____   4. _____

_____   _____   _____
(Printed Name)   (Date and place)   (Signature)