

ONLY FOR GROUP APPOINTMENTS  
NOT FOR INDIVIDUAL APPOINTMENTS

Name of College/University/Program presenting the GROUP APPOINTMENT

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Name of College/University/Program of the Student in SPAIN

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Student's Name: \_\_\_\_\_

City: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgment:**

I understand that by signing this document I agree to redeem my passport to the Consulate of Spain in Chicago for up to seven weeks from the date of the appointment. I therefore, cannot request the passport until the visa process has been completed.

Signature of the student: \_\_\_\_\_

DATE \_\_\_\_\_