



EMERGENCY APPOINTMENT REQUEST FORM

<http://santodomingo.usembassy.gov/acs-e.html>

TODAY'S DATE

Date/Time Of Original Appointment	Confirmation Number (UID)	Service Requested	Surname	Given Name	Maiden Name

Date of expected travel: _____

Reason for early appointment request: _____

(Should be identical for all applicants listed above)

If traveling for business, company name: _____

Contact person: _____

Email address: _____

Contact number: _____

Note: Request will not be granted if form is not completely filled out.

Please email us a scanned filled out copy of this form to sdoamericans@state.gov. We respond to requests within two working days. Due to the high volume of communications received, we request that you do not call, fax or e-mail to follow-up.

FOR EMBASSY USE ONLY

APPROVED ☐

REFUSED ☐

INCOMPLETE ☐

APPROVED BY: _____

NEW DATE/TIME: _____