



# PASSPORT RETURN ADDRESS FORM & RELEASE OF LIABILITY JAPAN CENTER FOR MICHIGAN UNIVERSITIES

International Center  
427 N. Shaw Lane, Rm.  
110 East Lansing, MI 48824

TEL: (517) 355-4654  
jcmu@msu.edu  
<http://jcmu.isp.msu.edu>

*Please indicate the address to which you would like your passport to be returned. Be sure to fill out the following information COMPLETELY to ensure proper delivery. (NOTE: Passports cannot be returned to a PO Box).*

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County / Province: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_

Preferred Contact Email: \_\_\_\_\_

*Is the above return address located in MACOMB, OAKLAND, or WAYNE county in Michigan, USA?*

Yes\*     No

\*If your stated return address is in Macomb, Oakland, or Wayne counties of Michigan, you will be required to pick up your passport from the Consulate General of Japan's office at the Renaissance Center in Detroit, MI. You will be notified by their office when your passport is ready for pick-up.

Find directions and parking information for the RenCen at <http://www.gmrencen.com> or visit the consulate's website: <http://www.detroit.us.emb-japan.go.jp/>

## RELEASE OF LIABILITY

I, \_\_\_\_\_, affirm that I will NOT hold the Japan Center for Michigan  
*(Full Name - Print)*

Universities (JCMU) or its employees responsible for any delay, loss, or damage of my documents while facilitating my visa application.

DATE: \_\_\_\_\_  
*(Month / Day / Year)*

\_\_\_\_\_  
Signature