American Airlines

PRESS HARD

TRAVELER'S INFORMATION LAST NAME AGE _ FIRST NAME ORIGINATION. CONNECTION DESTINATION **GENDER** LANGUAGE PNR PERSON DROPPING OFF AT ORIGIN: REQUEST FOR CARRIAGE: the undersigned parent or guardian of the above named minor agree to and request the unaccompanied carriage of said minor and certify that the information provided herein is accurate. I unaccompanied carriage of said minor and certify that the information provided herein is accurate. I confirm that I have arranged for the minor to be met upon arrival by the person(s) named below. Should the minor not be met as stated on the face hereof, I authorize the Carrier(s) to take whatever action they consider appropriate to ensure the minor's safe custody including the return of the minor to the airport of departure and I agree to indemnify and hold harmless the Carrier(s) from and against all claims resulting from taking such action and to reimburse the Carrier(s) for any reasonable costs incurred in taking such action. incurred in taking such action. Signature Date Name (Print) Address State/Province Zip/Postal Code City Telephone Numbers -Business (Alternate (Home (PERSON MEETING AT DESTINATION: Completed at Check-In Name (Print) Relationship to minor Address State/Province Zip/Postal Code City Telephone Numbers -Home (Business (Alternate (**ORIGINATION:** FLT# SEAT# Gate Agent _ PRINT NAME EMP.# F/A EMP.# PRINT NAME Ground Personnel or F/A (If UMNR Is Connecting) EMP.# CONNECTION: FLT# SEAT# Ground Personnel **Ground Personnel** PRINT NAME & EMP.# PRINT NAME & EMP.# F/A _ EMP.# PRINT NAME Ground Personnel PRINT NAME FLT# **DESTINATION:** SEAT# **Ground Personnel Ground Personnel** PRINT NAME & EMP.# PRINT NAME & EMP. F/A. PRINT NAME EMP.# **Ground Personnel** Authorized Person Meeting at Destination

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Origination Station Copy, Retain for 90 Days