

WRITTEN AUTHORIZATION UNDER THE PROVISIONS

OF THE PRIVACY ACT OF 1974

U.S. Passport Application

Date: _____

Dear Congressman Holt,

I would like to request assistance with the Passport problem I am having with the State Department. In keeping with the restrictions of the Privacy Act of 1974, I am authorizing you and/or your staff to obtain information about me, which would be required in your investigation of the matter, outlined below.

The information you provide will be used to query the Department of State's passport records to determine the status of the passport applications you have identified. Please note that e-mail is not a secure medium. While the Department of State will treat this information as sensitive, there are inherent risks of compromise of any information transmitted by e-mail over the internet on a non-secure system. I have been asked to make sure you are aware of, and willing to assume, these risks.

Please Print or Type:

Mr or Ms (circle one) Name of Applicant

Privacy Form Passports

If minor, name of parent

Address where passport should be mailed

City _____ ZIP

Is this the address on the application ____ Yes ____ No (If address is a post office box, please also provide a street address as FedEx will not deliver to a post office box.)

Home Phone _____ Work/cell Phone

Email Address

Date of Birth _____ Social Security (all 9 digits)

Date Application Submitted _____ Submission

Location _____

Application type (circle one) Renewal Passport or Original Passport or Replacement

Type of Service applied for ____ Normal (10 weeks) ____ Expedited (2-3 weeks)

Date Traveling _____ Destination

Realistic date and time of departure from home

Passport Locator # (if available)

Signature: _____

(Note: For minor children a parent's signature is required, but the full name; DOB; SS; and date of travel are requested for each individual who needs assistance with a pending passport application or expedited passport service)

Please return this form via fax: 609 750-0618