



1420 K Street NW Suite 820 , Washington DC, 20005, Telp. 202.289.6251, 202.289.9295

## **LETTER OF AUTHORIZATION**

Please read the information below before completing this **Letter of Authorization**.

An individual's personal information **cannot** be released by the **U.S GOVERNMENT** to another party without the written consent of the individual under the provisions of the **PRIVACY ACT of 1974 (5 USC 552A)**. As a result, an employee at a **U.S. PASSPORT AGENCY** cannot discuss the details of your passport application with a third party without your written consent.

### **PLEASE CHECK ALL APPLY :**

- I authorize the company stated below to submit my passport application to **PASSPORT AGENCY** and pick up the passport from **U.S PASSPORT AGENCY** on my behalf.
- I authorize the **PASSPORT AGENCY** to disclose to the company listed below any requests for further documentation and/or information that that may arise in connection with my passport application, and I authorize the company to respond to such request under my direction.
- I DO NOT AUTHORIZE** the **PASSPORT AGENCY** to disclose to the company listed below any requests for further documentation and/or information that may arise with my application. I want the **PASSPORT AGENCY** to contact me directly should an issue arise with my passport application that concerns matters other than the date on which the passport will be ready for **PICK – UP** from the **PASSPORT AGENCY**.

## **APPLICATION INFORMATION**

**(Note: All of the information below may ONLY be filled out by applicant, parent, legal guardian, or person legally acting in loco parentis)**

APPLICANT NAME : \_\_\_\_\_  
(Last Name, First Name, Middle Name)

APPLICANT PHONE NUMBER : \_\_\_\_\_ DATE : \_\_\_\_\_  
(AREA CODE-XXX-XXXX) (MM/DD/YYYY)

COURIER COMPANY NAME : \_\_\_\_\_

APPLICANT SIGNATURE : \_\_\_\_\_  
(If application is under the under age of 16 the parent(s), legal guardian(s), or person legally acting in loco parentis must sign)