

OFFICE OF CONGRESSWOMAN ANNA G. ESHOO

PASSPORT PRIVACY CONSENT FORM

Please print clearly and attach proof of travel and proof of emergency, if available, as the Passport Agency is prioritizing passport cases based on upcoming travel dates and necessity.

Date: ____/____/____

Name: (Last) _____,

(First) _____

Current Address: _____

Phone: (Daytime): _____ (Evening) _____

E-mail: _____

Name of Traveler: _____

- Date of Birth: _____
- Passport Locator: _____
- Date of Application: _____
- I paid ____ did not pay ____ for expedited processing (please check one).
- Date of Departure: _____ Destination: _____
- Flight Information: _____
- Do you need to apply for a visa? _____ yes _____ no
- Is this emergency travel? If so, what is the emergency?

Briefly explain the problem:

Have you previously contacted this or any other representative's office regarding this matter? If so, when?

I, _____
(please print name) certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I am authorized to release this information because _____.

Furthermore, I authorize *any federal agency* to release information contained in my records as relevant to resolving my case referenced above, and to the extent permitted by law, to Congresswoman Anna G. Eshoo and members of her staff in accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a).

Signature

Today's Date