



MARILYN STRICKLAND

CONGRESSWOMAN FOR WASHINGTON'S 10TH DISTRICT

Passport Information Release

Please Provide a Separate Release Form For Each Applicant

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by Federal Agencies. Any information that a Federal Agency has on file regarding your dealings with the United States Government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends, or other interested parties generally may not authorize the release of information covered by the Privacy Act.

Full Name on Passport Application: _____

Date of Birth (MM/DD/YYYY): _____ City of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Social Security Number: _____ Passport Application Locator # (if Available): _____

Date Application Filed (MM/DD/YYYY): _____

Have you contacted another Representative or Senator about your passport? Yes No

If so, which office(s)? _____ Do they have an open case for you? Yes No

Did You pay for Expedited Processing? Yes No Did you pay for Expedited Shipping? Yes No

Passport Application Type: New Renewal Replace Lost or Stolen Passport

Foreign Destination: _____

Departure Date: _____ Departure Time: _____ Airline: _____

Flight Number: _____ Flight confirmation or E-Ticket #: _____

Please describe your travel plans or situation and, if available, attach your confirmed itinerary

The information I have provided to Congresswoman Marilyn Strickland is true and accurate to the best of my knowledge and belief and is in no way an attempt to evade or violate any federal, state, or local law. In addition, I acknowledge that the information with Congresswoman Strickland and her staff will be shared with their agency liaisons to facilitate a response.

I hereby authorize the Office of Congresswoman Strickland to seek resolution in the matter described above including the right to receive any information contained in my file, to forward correspondence sent by me/us regarding this above matter, or any other action I have related to the matter described above

Signed (in ink): _____ Date: _____ *Signed by parent if minor

Due to high demand, the passport agency cannot guarantee you will receive your passport prior to your date of travel