## **AUTHORIZATION LETTER**

DATE	
NAME	
(LAS	T, FIRST, MIDDLE)
PLACE OF BIRTH	DATE OF BIRTH
I AUTHORIZE (	) TO SUBMIT MY PASSPORT APPLICATION
TO A U.S. PASSPORT AGENCY AND TO A	ACCEPT DELIVERY OF THE PASSPORT ON MY BEHALF.
Under the provisions of the Privacy Act of	1974 (Public Law 93-579), no information may be released
from the U.S. Government files without the	prior written consent of the individual in question.
Consequently, an employee of the U.S. Pa	assport Agency cannot discuss the details of your passport
application with the courier service withou	ut your permission.
Please choose one of the following:	
I authorize the U.S. Passport Age	ncy to discuss any problems which may arise with my passport
applications with the courier service iden	tified above.
I authorize the U.S. Passport Age	ncy to contact me directly, should a problem arise with my
passport application, which concerns ma	tters other than the date on which the passport will be ready
for pick-up.	
My day time phone number is: (	)
Signatura	Date