

OFFICE OF U.S. SENATOR BRIAN SCHATZ

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PASSPORT - PRIVACY RELEASE: (1) complete form, (2) sign with a pen, and (3) return via mail or email.

Applicant Name: Mr. _____ Mrs. _____ Ms. _____ **Date of Birth:** _____
First *Middle* *Last*

- Application Details**
 (check all that apply)
- On-Line Renewal
 - Mailed Renewal
 - New Passport
 - Minor's Passport
 - Paid for Expedite?
 - Paid for priority mail?

Mailing Address: _____
Address *City* *State* *Zip Code*

Application Date: _____ **Renewal Locator #:** _____ **Phone #:** _____

Social Security #: _____ **Email Address :** _____

If applicant is a minor, please list name of Parent or Guardian: _____

TYPE OF ASSISTANCE REQUESTED

Request help with: Add expedite & priority mail Appointment scheduling Application status Change delivery address to: _____

Reason for Expedite Request: please check all that apply and send documentation of emergency, visa, and travel itinerary.
 Life or Death Emergency Urgent Travel Foreign Visa application

Date of International Travel (include Hawai'i departure date): _____

Other (please explain): _____

THIRD PARTY AUTHORIZATION: I authorize Senator Schatz and his staff to receive and share information with the person listed below.

Name: _____ Relationship/Title: _____

Phone: _____ Email: _____

SIGNED AUTHORIZATION: *I authorize Senator Schatz and his staff to make inquiries on my behalf. Pursuant to the Privacy Act I expressly give permission for the DEPARTMENT OF STATE and PASSPORT AGENCY to release information about me to the extent allowed by law. I understand that any information I provide may be shared with federal, state, and county officials. I certify that all information and documents provided are true and complete to the best of my knowledge.*

Signature of Applicant (or Parent/Guardian) _____ Date _____

What Congressional offices have you also contacted: Senator Mazie Hirono; Congressman Ed Case; Congresswoman Jill Tokuda