

OFFICE OF U.S. SENATOR BRIAN SCHATZ

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

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

- Application Details
(check all that apply)
- On-Line Renewal
 - Mailed Renewal
 - New Passport
 - Minor's Passport
 - Expedited Processing
 - Priority Mail

Mailing Address: _____
Address City State Zip

Passport 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:
 Application status
 Add expedited processing
 Add priority mail
 Change delivery address to: _____

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

Date of International Travel (include Hawaii 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 _____
(wet signature only; no electronic signature or digital images of signature)

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