

Privacy Act Consent Form — U.S. Department of State (Passports)

In accordance with the provisions of The Privacy Act of 1974 (5 U.S.C. § 552a), your written consent is required so that we may contact the U.S. Department of State on your behalf. Since e-mails do not contain a valid signature, they do not fulfill the requirements of the law.

- All information must be written in English (Toda la información debe estar en Inglés) (Tout enfòmasyon yo dwe ekri nan lang angle)
- Please print all information legibly

PRIMARY APPLICANT / PARENT OR GUARDIAN

Title: (select one) Mr. Ms. Mrs. Other: _____

Name: _____
(First Name) (Middle Name) (Last Name) (Suffix)

Address: _____ City: _____ State: _____

Zip code: _____ Phone: _____ E-mail: _____

Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
(mm/dd/yyyy) (City, State / Province, Country)

MINOR APPLICANT (REQUIRED IF THE PASSPORT APPLICATION IS FOR A MINOR)

Name: _____
(First Name) (Middle Name) (Last Name) (Suffix)

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____
(mm/dd/yyyy) (City, State / Province, Country)

THIRD PARTY AUTHORIZATION (OPTIONAL)

If you want information regarding your case released to a third party (spouse, family, attorney, etc.) please provide the following information:

Name(s) and relationship: _____ E-mail: _____

ADDITIONAL INFORMATION

Date of Travel: _____ (Proof of Travel must be submitted with this form—i.e. official itinerary showing your name and date of travel)

Have you filed your passport application with the Department of State? Yes No

- If Yes, please provide your Locator Number(s) (if any): _____

Are you requesting an in-person appointment at a passport office? Yes No

If you have contacted another congressional office to assist you, please list the office: _____

DESCRIPTION

Briefly state your problem and the outcome you are seeking below. If more space is needed, you may continue on a separate sheet.

Please do not simply write "See Attached."

DO NOT LEAVE BLANK

SIGNATURE

I hereby authorize the U.S. Consular Office of the United States of America and the U.S. Department of State to release information regarding me to the Office of U.S. Senator Marco Rubio. Further, I authorize the Office of Senator Marco Rubio to make appropriate inquiries on my behalf pertaining to my request for assistance, including any relevant information associated with my request.

Signature (handwritten): _____ Date: _____

This signature must be from an individual who is 18 years of age or older. Third party signatures, including those of immediate family members, are not acceptable.

Signature must be in your handwriting.

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX, OR E-MAIL

Address: U.S. Senator Marco Rubio Phone: (407)254-2573 E-mail: casework@rubio.senate.gov
201 South Orange Avenue, Suite 350 Toll-free: (866) 630-7106 Subject Line: Passport Assistance
Orlando, Florida 32801 Fax: (844) 762-1556