



1775 Eye Street N.W. Suite 1150 Washington, D.C. 20006

LETTER OF AUTHORIZATION

Please read carefully before completing this letter of authorization

An individual's personal information cannot be released by the U.S. government to another party without the written consent of the individual under the provision of the Privacy Act of 1974 (5 USC 552a). As a result an employee at the U.S. passport agency cannot discuss the details of your application with a third party without the written consent.

Please check all that apply:

- I, authorize the company stated below to submit my passport application to a passport agency and pick up from a passport agency on my behalf.
- I, authorize the passport agency to disclose to the company listed below any request for further documentation and or/information that may arise in connection with my passport application, and I authorize the company to respond to such request under my direction.
- I, do not authorize the passport agency to disclose to the company name listed below any request for further documentation and /or information that may arise with my passport application. I want the passport agency to contact me directly should any issue arise with my passport application that concerns matters other than the date in which the passport will be ready for pick up from the passport agency.

Applicant information

(Note: All of the information below may ONLY be filled by the applicant, parent, legal guardian, or person legally acting in loco parentis)

Applicant Name: _____
(Last Name, First Name, Middle Name)

Applicant Phone Number: _____ **Date:** _____

Courier Company Name: _____ **DMS VISA INTERNATIONAL** _____

Applicant Signature:

X _____

(if the applicant is under the age of 16 the parent (s), legal guardian (s), or person legally acting in loco parentis must sign)