REQUEST FOR OFFICIAL PASSPORT TO TYPE OF REQUEST ISSUED FOR THE FOREIGN TRAVEL DESCRIBED BELOW Department of State US Passport Office FIA Division 1111 19th Street, NW; Room 350 Washington, DC 20522 REVALIDATED NAME OF EMPLOYEE TITLE FIRST NAME MIDDLE NAME LAST NAME TYPE OF TRAVEL DATE OF RETURN TO UNITED DATE OF DEPATURE FROM UNITED STATES STATES CHANGE OF OFFICIAL STATION TEMPORARY DUTY COUNTRY TO BE VISITED INCLUSIVE DATES PURPOSE OF TRAVEL ADDITIONAL INFORMATION FOR CHANGE OF OFFICIAL STATION TYPE OF CHANGE (Check appropriate box) NAME OF EMPLOYEE BEING REPLACED NEW ASSIGNMENT REPLACEMENT DEPENDENTS AUTHORIZED TO TRAVEL **RELATIONSHIP** DATE OF BIRTH **FULL NAME** PLACE OF BIRTH