

PASSPORT CASEWORK

Fax to Rep. Kind's Office: 715-831-9272

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize _____ (name of government agency) to provide information on my claim/case to Congressman Kind and/or his staff. I authorize Congressman Kind and/or his staff to forward information provided by me to the above agency unless I request otherwise in writing.

Signature & Date

APPLICANT'S NAME _____

CONTACT PERSON (may be parent, teacher, etc.) _____

ADDRESS _____

PHONE

(work) _____

(home) _____

(cell) _____

BIRTH DATE __ __ / __ __ / __ __

SOCIAL SECURITY # ____ - ____ - _____

LOCATOR # _____ (if they have one)

DEPARTURE DATE or NEED BY DATE __ __ / __ __

DESTINATION _____

VISA NEEDED? __ YES __ NO __

FIRST PASSPORT _____ or **RENEWAL** _____

DATE APPLIED __ __ / __ __ / __ __

Other family members who also need passports (complete another form for each)

SPOUSE _____

CHILDREN _____
