



Congressman F. James Sensenbrenner, Jr. Wisconsin – Fifth District



INQUIRY AND PRIVACY RELEASE FORM

US Passport Assistance

(Please Print)

Date: _____

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____

Email: _____ Date of Application: _____

Social Security Number: _____ DOB: _____

Travel Date: _____ Locator Number: _____

Name of Passport Issuing Agency (if known): _____

Have you previously paid for expedited handling? Yes No

DESCRIBE PROBLEM:

Please include copies of relevant information you have.

I hereby authorize the above mentioned agency to release all relevant portions of my records or relevant information in writing or through discussion pertaining to the problems involved, to Congressman F. James Sensenbrenner Jr., or his staff, until the matter has been resolved.

X _____
Signature of Constituent

Please complete and mail or fax this form to:

Congressman Jim Sensenbrenner
120 Bishops Way, Suite 154
Brookfield, WI 53005
Fax (262) 784-9437

Please contact my District Office in Brookfield at (262) 784-1111 or (800) 242-1119 if you have any questions.