



# PASSPORT PRIVACY RELEASE FORM

The Office of  
**Senator Bob Menendez**  
New Jersey

*The Privacy Act of 1974 requires that written consent be obtained from the constituent in whose name records are held before information can be released from a government agency. The information you provide will be used to query the Department of State's passport records to determine the status of that passport applications you have identified. In order for the Senator's office to act on your behalf, please sign this authorization form and return it. If you have power of attorney or guardianship, please provide proof. If you are inquiring on behalf of someone else, it is necessary that they sign the authorization form.*

## PLEASE PRINT:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(If minor, name of Parent): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date/Destination of Travel: \_\_\_\_\_

Locator/Application Number (if available): \_\_\_\_\_

Date of Application: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Regular \_\_\_\_\_ Expedited

**Senator Menendez: This is to authorize you to secure information as you may deem it necessary pertaining to my request for assistance with my Passport Application.**

Signature: \_\_\_\_\_

(Note: For minor children a parent's signature is required, but the full name, DOB, SSN and date of travel are requested for each individual who needs assistance with a pending passport application or expedited passport service.)



