

AUTHORIZATION LETTER

DATE: _____

NAME: _____
(Last, First Middle)

DATE OF BIRTH: _____
(Month/Day/Year)

PLACE OF BIRTH: _____

I AUTHORIZE AATC TO SUBMIT MY
PASSPORT APPLICATION TO A U.S. PASSPORT AGENCY AND TO ACCEPT
DELIVERY OF THE PASSPORT ON MY BEHALF.

Under provisions of the Privacy Act of 1974 (Public Law 93-579), no information may be released from U.S. Government (lies without prior written consent) of the individual in question. Consequently, an employee of the U.S. Passport Agency cannot discuss the details of your passport application with the courier service without your permission. Please choose one of the following:

_____ I authorize the U.S. Passport Agency to discuss any problems which may arise with my passport application with the courier service represented above.

_____ I want the U.S. Passport Agency to contact me directly should a problem arise with my application which concerns matters other than the date on which the passport will be ready for pick-up.

My daytime telephone number is: _____

(Signature)