



## Privacy Release Form—Passport (Adult)

The following information is required.

Name: \_\_\_\_\_

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

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

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Would you like to receive Congressman Loudermilk's email newsletter?  Yes

Date of Travel: \_\_\_\_\_ Provide screenshot of travel proof when returning this form.

Have you already filed an application by mail or in person: \_\_\_\_\_ What date did you submit? \_\_\_\_\_

If a passport renewal, did you use the Online Renewal Service? \_\_\_\_\_ What date did you file online? \_\_\_\_\_

Passport Locator Number if available: \_\_\_\_\_

Statement: Please state below or on an attached page the nature of your problem you are experiencing. Attach additional papers or documentation, if necessary.

In accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby give my consent for information concerning my file to be furnished to my U.S. Representative Barry Loudermilk. I authorize U.S. Representative Loudermilk to receive all pertinent information and to make an inquiry regarding the above described issue.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Digital Signatures cannot be accepted, please sign this form.

Return form by: **Email** .pdf to [casework.ga11@mail.house.gov](mailto:casework.ga11@mail.house.gov) **Fax** (770) 517-7427

**Mail:** 9898 Hwy 92, Suite 100, Woodstock, Georgia 30188 **Phone:** 770-429-1776