



Privacy Release Form—Passport (Minor Child/Children)

The following information is required.

Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell #: _____ Email: _____

Please list your child/children's full name, Social Security Number and Date of Birth in this section. The top section of this form should be the parents information only. *List additional child information on lines provided below.

Child Information

Name: _____

SS Number: _____

Date of Birth: _____

Locator Number: _____

Child Information

Name: _____

SS Number: _____

Date of Birth: _____

Locator Number: _____

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? _____

*Additional Information:

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/typed Signatures cannot be accepted, please sign this form.

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

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