

THE HONORABLE MARK R. WARNER

PRIVACY ACT RELEASE

Please read and follow all directions carefully. If you are inquiring on behalf of someone, that person must sign this release of consent. <u>NO</u> action can be made without an original, non-digital signature.

I am aware that the Privacy Act of 1974 prohibits the release of information regarding my case without my express written approval. Therefore, I authorize the following government agency or agencies to release information regarding my concerns to the office of Senator Mark R. Warner (VA).

Name of Federal Agency: U.S. Department of State - Passports

Circle One: Mr./Mrs./Ms./Mx./I	Or./Rev. Name: _	
Street Address:		
City:	State:	Zip Code:
Home Phone Number:		Cell Phone Number:
Email Address:		
Signature (non-digital):		Date:
If I wish Senator Warner's offi as parent, child or attorney, I h	-	y information on this matter to another person such ose names here:
	_	ressional office on this matter, please include the
Please	complete this sec	tion <mark>for each passport needed</mark> :
Date of Travel (please be specification Social Security Number:	If	applicant is a minor, please list child's name below:
Do you have an existing applicat	ion with the State	Department? (Yes / No)
If yes, please answer the follow	ing: Date of subn	nission:
Passport Locator Number (if avai	ilable, found at pa	assportstatus.state.gov):
How was your application submi	tted? (circle one):	(In person / US Mail / Online)
When you applied, did you select	t Expedited or Ro	utine Processing? (circle one): (Expedited / Routine)
When you applied, did you select	t Standard or Exp	ress Shipping? (circle one): (Express / Standard)
application, you will need to upg fee per application. You can also per application. If you applied v	grade each indivio o upgrade your ro ia routine service	take as long as 13 weeks. To expedite your dual application to expedited service and pay the \$60 eturn delivery to express delivery for a \$19.53 charge and need to upgrade your application to expedited ith this form or call our Roanoke office for assistance.

If you have questions about completing this form, please contact the Roanoke office at 540-857-2676