Passport Depot 1388 Haight Street San Francisco CA 94117 Tel: 800-689-1388 Fax: 415-551-1220 www.PassportDepot.com

Letter of Authorization

Please carefully read the information below before completing this Letter of Authorization.

An individual's personal information cannot be released by the U.S. government to another party without the written consent of the individual under the provisions of the Privacy Act of 1974 (5 USC 552a). As a result, an employee at a U.S. passport agency cannot discuss the details of your passport application with a third party without your written consent.

Please check all that ap	ply:
	ompany stated below to submit my passport application to a passport agency and it from a U.S. passport agency on my behalf.
documentation and	assport agency to disclose to the company listed below any requests for further /or information that that may arise in connection with my passport application, and apany to respond to such requests under my direction.
further documentat passport agency to	the passport agency to disclose to the company listed below any requests for ion and/or information that may arise with my passport application. I want the contact me directly should an issue arise with my passport application that ther than the date on which the passport will be ready for pick-up from the passport
	Applicant Information
•	ormation below may ONLY be filled out by the applicant, parent, legal acting in loco parentis)
Applicant Name:	
(Last Name, First N	
Applicant Phone No: _	Date:
	(Area Code-XXX-XXXX) (MM/DD/YYYY)
Courier Company Nam	e:
Applicant Signature: _ (If the applicant is undo sign.)	er the age of 16 the parent, legal guardian, or person acting in loco parentis must