Passport Depot 940 Bush Street San Francisco CA 94109

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 apply:	
\Box I authorize the company stated below to submit my passport application to a passport agency and pick up the passport from a U.S. passport agency on my behalf.	
documentation and/or information	to disclose to the company listed below any requests for further that that may arise in connection with my passport application, and d to such requests under my direction.
further documentation and/or informassport agency to contact me dire	agency to disclose to the company listed below any requests for rmation that may arise with my passport application. I want the ectly should an issue arise with my passport application that te on which the passport will be ready for pick-up from the passport
	Applicant Information
(Note: All of the information below guardian, or person acting in loco	w may ONLY be filled out by the applicant, parent, legal parentis)
Applicant Name:	
(Last Name, First Name, Middle N	
Applicant Phone No:	Date:
(Area Code-X	XXX-XXXX) (MM/DD/YYYY)
Courier Company Name:	
Applicant Signature:	
(If the applicant is under the age of 16	the parent, legal guardian, or person acting in loco parentis must

sign.)