



Visa Advisors

PASSPORT AUTHORIZATION LETTER

DATE:

(Month / Day / Year)

NAME:

(Last, First Middle)

DATE OF BIRTH:

(Month / Day / Year)

PLACE OF BIRTH:

(City, State, Country if not U.S.)

THE FOLLOWING VISAS ARE REQUIRED PRIOR TO MY DEPARTURE:

I AUTHORIZE Visa Advisors TO SUBMIT MY PASSPORT APPLICATION TO A U.S.PASSPORT AGENCY AND TO ACCEPT DELIVERY OF THE PASSPORT ON MY BEHALF.

Under the provisions of the Privacy Act of 1974 (Public Law 93-579), no information maybe released from U.S. Government files without prior written consent of the individual in question. Consequently, an employee of the U.S. Passport Agency cannot discuss the details of your passport application with Visa Advisors without your permission. Please choose one of the following:

I authorize the U.S. Passport Agency to discuss any problems, which may arise with my passport application with Visa Advisors.

I want the U.S. Passport Agency to contact me directly should a problem arise with my application, which concerns matters other than the date on which the passport will be ready for pick-up.
My daytime phone number is: _____

SIGNATURE: