



American Passport Express

PASSPORT AUTHORIZATION LETTER

To Be Completed by the Parent or Legal Guardian of Passport Applicants Under 16 Years of Age

DATE:

(Month / Day / Year)

APPLICANT'S NAME:

(Last, First Middle)

APPLICANT'S DATE OF BIRTH:

(Month / Day / Year)

APPLICANT'S PLACE OF BIRTH:

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

PARENT/GUARDIAN'S NAME:

(Last, First Middle)

THE FOLLOWING VISAS ARE REQUIRED PRIOR TO MY DEPARTURE:

I AUTHORIZE American Passport Express TO SUBMIT THE PASSPORT APPLICATION FOR THE ABOVE NAMED MINOR CHILD 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 may be 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 American Passport Express without your permission. Please choose one of the following:

I authorize the U.S. Passport Agency to discuss any problems, which may arise with this passport application with American Passport Express.

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

SIGNATURE OF PARENT/GUARDIAN: