



Office of Congressman Glenn Grothman

U.S. Passport - Privacy Release Form

Authorization in Accordance with the 1974 Privacy Act

Applicant Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Social Security No.: _____ Application Locator #: _____ Travel Date: _____

(To obtain your Application Locator #, please visit: <https://passportstatus.state.gov>)

Have you paid for expedited processing? YES ____ NO ____

If you are requesting an expedited appointment for travel within 14 days, **please provide proof of travel.**

If requesting to upgrade to expedited processing, please provide your credit card information as consent for payment processing:

Name: _____ Card Number: _____

Expiration Date: _____ Card Security Code (CSC): _____

Have you contacted any other elected official regarding this case? YES ____ NO ____

If so, which elected official did you contact? _____

Please describe the specific information you are requesting or the exact nature of the problem you are experiencing. Include copies of any relevant information. (DO NOT SEND ORIGINALS). Use extra paper if necessary.

Note: The Privacy Act requires the completion of this form in order for Congressman Grothman or his representative to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter with any federal agency.

Signature: _____ Date: _____

Please return this form to: Congressman Glenn Grothman
525 North Peters Avenue, Suite 700
Fond du Lac, WI 54937-2108
Phone: (920) 907-0624
Fax: (920) 907-0763