



# 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 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