



PASSPORT PRIVACY RELEASE FORM

The Office of
Senator George Helmy
New Jersey

The Privacy Act of 1974 requires that written consent be obtained from the constituent in whose name records are held before information can be released from a government agency. The information you provide will be used to query the Department of State's passport records to determine the status of that passport applications you have identified. In order for the Senator's office to act on your behalf, please sign this authorization form and return it. If you have power of attorney or guardianship, please provide proof. If you are inquiring on behalf of someone else, it is necessary that they sign the authorization form.

PLEASE PRINT:

Name: _____ **Date of Birth:** _____

(If minor, name of Parent): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Phone Number: _____ **Secondary Phone Number:** _____

Email: _____ **Social Security #:** _____

Date/Destination of Travel: _____

Locator/Application Number (if available): _____

Date of Application: _____

Type of Service: _____ Regular _____ Expedited

Senator Helmy : This is to authorize you to secure information as you may deem it necessary pertaining to my request for assistance with my Passport Application.

Signature: _____ **Date:** _____

(Note: For minor children a parent's signature is required, but the full name, DOB, SSN and date of travel are requested for each individual who needs assistance with a pending passport application or expedited passport service.)



Please provide a brief description of your problem and how Senator Helmy can assist you:
