



# United States Senator Ron Johnson

## Department of State – Passport Agency Privacy Release Form

*The Privacy Release Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I need your signature on this waiver before I can contact a federal agency on your behalf.*

**Passport Application** (*circle one*): New Passport / Renewal **Date of Application:** \_\_\_\_\_

**Method of Application** (*circle one*): Mail / In-person at \_\_\_\_\_

**Applying for** (*circle one*): Passport Book / Passport Card / Both **App/Locator #:** \_\_\_\_\_

**Processing** (*circle one*): Expedited / Routine **Paid Upgraded Return Shipping?** (*circle one*): Yes / No

**Date of Travel and Destination:** \_\_\_\_\_

### Applicant Information:

Full Name: (*circle one*) Mr./Ms./Mrs. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City/State and Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Other Congressional Offices Contacted: \_\_\_\_\_

### If applicant is a minor, please also provide your information and sign below:

Full Name: (*circle one*) Mr./Ms./Mrs. \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Check if info is same as above  or Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Authorization:

I hereby authorize the appropriate federal government agency to release any and all information pertaining to me and my case to Senator Johnson or any member of his staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return via one of the options below:

U.S. Senator Ron Johnson  
517 E. Wisconsin Ave. #408  
Milwaukee, WI 53202  
Fax: 414-276-7284