

U.S. House of Representatives – (AZ08) **CONGRESSWOMAN DEBBIE LESKO** PRIVACY RELEASE FORM U.S. State Department (PASSPORTS ONLY)

Dear Congresswoman Lesko:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. Pursuant to 5 U.S.C. 552a, I hereby authorize all appropriate Federal agencies or departments to provide information on my claim/case to Congresswoman Lesko.

The following information is REQUIRED to open a passport inquiry with the U.S. Department of State. Applicants 18 years of age or older MUST complete their own Privacy Release Form.

Full Legal Name:		Date of Birth:		
	City			
	Phone Nur			
Was expedited processing purc	:hased? (Circle 1): Yes / No			
Date of Travel:				
You must attach proof of pendi	ing travel to this form (Example: itinera	ry, airline tick	ets etc.)	
Have you contacted another m	ember of Congress, if so, which office?			
Reason for travel:				
In addition, please complete th	he following section if the passport is fo	or a minor.		
	<u> </u>			
Minor(s) Date of Birth:				
Minor(s) Last 4 of Social Securit	ty Number:	_		
Minor(s) Passport Application N	Number:			
Applicant's Signature or Parent	Guardian completing form:			
Printed Name:	Signature:			Date:
Parent or Guardian 2	Signatura		Data	
	Signature:		Date:	
Please Return	n this form via Email: <u>ContactLesko@mai</u> l	I.house.gov	In Person, or Fa	x to:
	Congresswoman Debbie Lesko			
12515	5 W. Bell Road, Suite 104, Surprise, AZ 853	378 Office: 6	23.776.7911	
	Fax: 623.776.7832			
I would like to receive Cor	ngresswoman Lesko's email newsletter	•		
I authorize that my case a	nd/or name may be used by Congressw	voman Lesko	(and/or her st	aff) for promoting
Congresswoman Lesko's c				