



When You Need It Fast™
Since 1981

Letter of Authorization

Date: _____

Name: _____
(Last, First, Middle)

Date of Birth: _____

Place of Birth: _____

I AUTHORIZE TRAVISA PASSPORT & VISA SERVICE TO SUBMIT MY PASSPORT APPLICATION TO A U.S. PASSPORT AGENCY, AND TO ACCEPT DELIVERY OF THE PASSPORT ON MY BEHALF.

Under the provisions of the Privacy Act of 1974 (Public Law 93-579,) no information may be released from U.S. Government files without prior written consent of the individual in question. Consequently, an employee of the U.S. Passport Agency cannot discuss the details of your passport application with Travisa Passport & Visa Service without your permission. Please choose one of the following:

I authorize the U.S. Passport Agency to discuss any problems which may arise with my passport application with Travisa Passport & Visa Service.

I want the U.S. Passport Agency to contact me directly should a problem arise with my passport application which concerns matters other than the date on which the passport will be ready for pick up.

(Original Signature)