



## Worldwide Visa & Passport Services

2655 LeJeune Road, Suite 1004

Coral Gables, Florida 33134

Phone 305-774-0070, 305-774-0071

Facsimile 305-774-0072

### CLIENT'S AUTHORIZATION LETTER

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last, First, Middle)

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

**I AUTHORIZE WORLDWIDE VISA & PASSPORT SERVICES, INC. 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 Worldwide Visa & Passport Services, Inc. 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 Worldwide Visa & Passport Services, Inc.

\_\_\_\_\_ 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)