PROMPT PASSPORT

2324 S. LAMBERT STREET PHILADELPHIA PA 19145 Letter of Authorization

Please carefully read the information below before completing this Letter of Authorization.

An individual's person information cannot be released by the U.S. government to another party without the written cons of the individual under the provisions of the Privacy Act of 1974 (5 USC 552a). As a result, an emp we at U.S. passport agency cannot discuss the details of your passport application with a third party we so your written consent. Please check all that apply I authorize the mpany stated be very submit my passport application to a passport agency and pick up the part from a Usa a port agency on my behalf. I authorize the passport ag icy c disclose to he company listed below any requests for further documentation and/or information at that may arise in connection with my passport application, and I authorize the company of spond to such a sests under my direction. I do not authorize the passport agency to the below any requests for further documentation and/or information may ari with my passport application. I want the passport agency to contact me rectly should a sissue arise with my passport application that concerns matters other than the ass crt will be ready for pick-up from the passport agency. **Applicant Information** (Note: All of the information below may ONLY be filled out by the applicant, parent, legal guardian, or person legally acting in loco parentis) Applicant Name: (Last Name, First Name, Middle Name) (Area Code-XXX-XXXX) Applicant Phone No: (MM/DD/YYYY) Courier Company Name: MUST PRINT PROMPT PASSPORT SERVICES HERE Applicant Signature:

(If the applicant is under the age of 16 the parent(s), legal guardian(s), or person legally acting in loco

parentis must sign)

PROMPT PASSPORT SERVICES 2324 S LAMBERT STREET, PHILA.,PA 19145

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Please check all that a	pply:		
	rize the company stated below to a k up the passport from a U.S. pas	submit my passport application to a pasport agency on my behalf.	ssport
further docume	entation and/or information that the	se to the company listed below any requat may arise in connection with my part ond to such requests under my direction	ssport
requests for fu application. I passport applic	rther documentation and/or inform want the passport agency to conta	disclose to the company listed below a nation that may arise with my passport ct me directly should an issue arise with than the date on which the passport wi	th my
	Applicant Info	rmation	
(Note: All of the	information below may ONLY be guardian, or person legally a	oe filled out by the applicant, parent, cting in loco parentis)	legal
Applicant Name:	(Last Name, First)	Nama Middla Nama)	
	(Last Name, Phst)	value, winduic ivalue)	
Applicant Phone No:	(Area Code-XXX-XXXX)	Date:	
1377 III III III III III III III III III	(Area Code-XXX-XXXX)	(MM/DD/YYYY)	
Courier Company Nar	me:		
Applicant Signature:			
(If the applicant is und parentis must sign)	der the age of 16 the parent(s),lega	al guardian(s), or person legally acting	in loco

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Please check all that apply:			
I authorize the company stated below to submit my passport application to a passport agency and pick up the passport from a U.S. passport agency on my behalf.			
I authorize the passport agency to disclose to the company listed below any requests further documentation and/or information that that may arise in connection with my passport application, and I authorize the company to respond to such requests under my direction.			
I do not authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that may arise with my passport application. I want the passport agency to contact me directly should an issue arise with my passport application that concerns matters other than the date on which the passport will be ready for pick-up from the passport agency.			
Applicant Information			
(Note: All of the information below may ONLY be filled out by the applicant, parent, legal guardian, or person legally acting in loco parentis)			
Applicant Name:			
Applicant Name:(Last Name, First Name, Middle Name)			
Applicant Phone No: Date: (Area Code-XXX-XXXX) (MM/DD/YYYY)			
(Area Code-AAA-AAAA) (IVIIVI/DD/1111)			
Courier Company Name:			
Applicant Signature:			
(If the applicant is under the age of 16 the parent(s),legal guardian(s), or person legally acting in loco parentis must sign)			