



International Passport & Visa
A Full Service Passport & Visa Agency

AUTHORIZATION

DATE: _____

NAME: _____
(Last, First, Middle)

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

I AUTHORIZE **INTERNATIONAL PASSPORT AND VISA, INC.** TO SUBMIT MY PASSPORT APPLICATION TO AN 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 the 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 courier 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 the courier service identified above.

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

My daytime phone number is: _____

(Signature)