



United States Senator Ron Johnson

Department of State Privacy Release Form

The Privacy Release Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I need your signature on this waiver before I can contact a federal agency on your behalf.

Passport Application (*circle one*): New Passport / Renewal **Date of Application:** _____

Method of Application (*circle one*): Mail / In-person at _____

Applying for (*circle one*): Passport Book / Passport Card / Both **Application #:** _____

Date of Travel and Destination: _____

Passport # (*if applicable*): _____ **Expiration Date** (*if applicable*): _____

Applicant:

Full Name: (*circle one*) Mr./Ms./Mrs. _____

Date of Birth: _____ Social Security #: _____

City/State and Country of Birth: _____

Address: _____

City: _____ Zip Code: _____

Phone Number(s): _____ Cell: _____

Email: _____

Other Congressional Offices Contacted: _____

Authorization:

I hereby authorize the appropriate federal government agency to release any and all information pertaining to me and my case to Senator Johnson or any member of his staff.

Signature: _____ Date: _____

In a separate attached letter, please explain how and why you are seeking the Senator's assistance and include any relevant forms and documents.

Please return to:
U.S. Senator Ron Johnson
517 E. Wisconsin Ave. #408
Milwaukee, WI 53202
Fax: 414-276-7284