



United States Senator Ron Johnson

Department of State – Passport Agency 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 **App/Locator #:** _____

Processing (circle one): Expedited / Routine **Paid Upgraded Return Shipping?** (circle one): Yes / No

Date of Travel and Destination: _____

Applicant Information:

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

Date of Birth: _____ Social Security #: _____

City/State and Country of Birth: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Other Congressional Offices Contacted: _____

If applicant is a minor, please also provide your information and sign below:

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

Relationship to applicant: _____

Check if info is same as above ☐ or Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

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: _____

Please return to:

U.S. Senator Ron Johnson
517 E. Wisconsin Ave. #408
Milwaukee, WI 53202