Priority Passports 1511 3rd Ave #607 Seattle, WA 98101 (206) 962-8472

Letter of Authorization

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

An individual's personal information <u>cannot</u> be released by the U.S. government to another party without the written consent of the individual under the provisions of the Privacy Act of 1974 (5 USC 552a). As a result, an employee at a U.S. passport agency cannot discuss the details of your passport application with a third party without your written consent.

Please check a	ll 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 for 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.		
(Note: All o	of the information	Applicant Information below may ONLY be filled out by the person legally acting in loco parer	
Applicant Nan	ne:		
		(Last Name, First Name, Middle Name)	
Applicant Phone No:			Date: <u>09/10/2025</u>
		(Area Code-XXX-XXXX)	(MM/DD/YYYY)
Courier Comp	any Name:		
Applicant Sign	nature:		
(If the emplices	nt is under the ego	of 16 the nevent(e) legal quardien(e)	or person locally acting in loca parantic

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