

The following page contains a “Letter of Authorization” allowing PVSglobal to provide US State Department services on your behalf. Please complete steps 1 and 2 as described.

STEP 1 of 2 – Fill Form (alternately you may print and complete as instructed by hand):

Check the following two boxes:

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.

Enter the following information:

Applicants First Name:

Applicants Middle Name:

Applicants Last Name:

Applicants Phone Number:

() -
Area Code XXX XXXX

Today's Date:

/ /
MM DD YYYY

(Today's date, not Date of Birth)

STEP 2 of 2

Print page 2 (if you print all pages you may disregard this page) and sign your name (or your child's name if applying for a child's passport) on the signature line.

Leave the “Courier Company Name” line blank.

Letter of Authorization

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

An individual's personal information cannot 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 **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 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.

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

Applicant Phone No: (_____) _____ - _____ Date: ____ / ____ / ____
Area Code XXX XXXX MM DD YYYY

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)