



RAPHAEL WARNOCK

UNITED STATES SENATOR • GEORGIA



Passport Agency/State Department Privacy Release Form

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) _____, authorize the State Department to release information contained in my State records as relevant to checking my case status, and to the extent permitted by law, to Senator Raphael Warnock and the Member's staff.

Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____ SSN: _____

Telephone #: _____ Email: _____

Application Locator Number: _____

Signature: _____ Date: _____

(Signature is required)

Please give a brief description of your problem below:

(include a second sheet if needed)

Please return the signed and completed form to:

**Office of U.S. Senator Raphael Warnock
100 Alabama Street, Suite 3R8
Atlanta, GA 30339-6406
Fax: 770-612-2471 E-mail: casework@warnock.senate.gov**