Senator Laphonza Butler

Passport Privacy Release Form

Complete, sign, and return to:

casework@butler.senate.gov or

SENATOR LAPHONZA BUTLER

ONE POST STREET, SUITE 2450

SAN FRANCISCO, CA 94104

Date:_____

Name:_____

Address:_____**Zip:**_____

Phone Number:_____

Email Address:_____

Federal Agency Involved:_____

Social Security #:_____

Agency File #:_____

Date of Birth:_____

Have you contacted our office before?_____

Have you contacted another congressional office regarding this matter?
Yes _____   **No** _____

If "yes" to the above, which office & when?*_____

*If another congressional office is currently working on your case, it is best to continue working with that office, as duplicate inquiries will not result in a more favorable response from the agency and may slow down the agency's processing.

1. **Are you applying for a new passport or renewal of an expired passport? (Mark with an X):** New: _____   Renewal _____

2. **Have you already submitted an application to the National Passport Center? If YES, please provide the following information:**
   a. Date you submitted your application: _____
   b. [Passport application locator number](#): _____
   c. Did you request and pay for expedite services? _____
   d. Date of travel: _____

3. **Is your date of travel within 14 days, and you are requiring an in-person appointment? If YES, please provide the following information:**
   a. Date of travel: _____
   b. Reason for traveling:

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

4. **PLEASE ATTACH YOUR FLIGHT ITINERARY TO THIS FORM.** You must have proof of international travel in order for a congressional office to assist.

5. **Signature:**

   I hereby authorize U.S. Senator Laphonza Butler and her staff to make inquiries and obtain information related to my case currently pending with the above mentioned federal agency.

   SIGNATURE: _____