

BILL HUIZENGA
4TH DISTRICT, MICHIGAN

COMMITTEE ON FINANCIAL SERVICES
OVERSIGHT AND INVESTIGATIONS, CHAIRMAN
CAPITAL MARKETS
COMMITTEE ON FOREIGN AFFAIRS
EUROPE
WESTERN HEMISPHERE

Congress of the United States
House of Representatives
Washington, DC 20515-2202

2232 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2202
PHONE: 202-225-4401
FAX: 202-226-0779

170 COLLEGE AVENUE
SUITE 160
HOLLAND, MI 49423
PHONE: 616-251-6741

5228 LOVERS LANE
SUITE 108
PORTAGE, MI 49002
PHONE: 269-569-8595
FAX: 1-771-200-5821

Privacy Act Release Form

www.huizenga.house.gov

Date _____

Dear Congressman Huizenga,

I request your assistance in resolving the problem(s) I am having with the U.S. Department of State Passport Agency.

In accordance with the Privacy Act of 1974, I authorize Congressman Bill Huizenga and his staff to forward correspondence, discuss the matter, and request and receive pertinent information from the agency listed above to seek resolution of my problem. The information I have provided is true and accurate.

Applicant:

Name (First, Middle, Last): _____

Address: _____ City/State: _____ Zip _____

Email: _____ Phone (Home/Cell): _____

Date of Birth: _____ Social Security Number _____

Date Application was filed: _____ Date of Travel: _____

Paid 1-2-day shipping at time of filing? YES NO Paid Expedite Service Fee at time of filing? YES NO

Application/Record Locator: _____ Signature _____

Minor Child Application? YES NO if yes, Legal Guardian/Parent Name: _____

Legal Guardian/Parent Signature: _____

Briefly describe the issue you are requesting assistance with, and specifically identify what problem (s) you need resolved.

Attach any pertinent documents related to your case including proof of travel (flight or hotel confirmation):

