



UNITED STATES SENATOR *for* INDIANA

MIKE BRAUN

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Passport Casework Privacy Release Form

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their expressed consent. Accordingly, I authorize Senator Mike Braun or any authorized member of his staff to access any and all of my records that relate to the problem stated below.

PASSPORT OFFICE OR CENTER: Please specify the name of the passport office or center your application is at, if unknown leave blank:

[Empty box for passport office or center name]

PLEASE PRINT ALL INFORMATION CLEARLY: Circle Preferred Title: Mr. Ms. Mrs. Dr. Other: _____

Name: _____ Date of Birth: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

Email Address: _____

Social Security Number: _____ Passport Application Number: _____

Date of Travel: _____ Have you paid for expedited processing? (Circle one)
Yes No

SIGNATURE: _____ DATE: _____

NATURE OF PROBLEM: Please provide a complete statement on the reverse side of this form regarding the nature of the problem and the assistance needed from the office of Senator Mike Braun. Please attach copies of any additional pertinent documents.

Please return form to:
The Office of U.S. Senator Mike Braun
115 N. Pennsylvania St. Suite 100
Indianapolis, IN 46204
Email: braun_casework@braun.senate.gov

