



Cindy Hyde-Smith
United States Senator • Mississippi

Privacy Release Form
United States Department of State (Passports)

Title: Mr. ___ Mrs. ___ Miss ___ Dr. ___ Other (Please specify) _____

Name: _____ **Social Security Number:** _____

Date of Birth: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____ **Dates of Travel:** _____

Name of Agency: _____ **Passport Locator Number:** _____

Have you contacted another U. S. Congressional office in MS regarding your concern?
Yes _____ or No _____

If "Yes," please list the Congressional Office here: _____

Please explain your problem(s) and how my office might be able to assist on your behalf. (You may attach additional information or documentation.)

Due to the Privacy Act of 1974 (PL 93-579), federal government agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Senator, to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.

Signature: _____ **Date:** _____