



BEN CARDIN
MARYLAND
United States Senate



PRIVACY ACT FORM – U.S. PASSPORT ISSUE

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of U.S. Senator Ben Cardin. Carefully read the form and legibly print responses. Altered or reproduced forms will not be accepted. "Date of Travel" and "Destination" may be left blank.

NAME: _____

ADDRESS: _____

CITY, STATE: _____ **ZIP CODE:** _____

EMAIL: _____

HOME PHONE: _____ **DATE OF BIRTH:** _____

SSN: _____ **DESTINATION:** _____

PASSPORT TYPE (CIRCLE): NEW or RENEWAL **DATE OF TRAVEL:** _____

IF YOU HAVE ALREADY APPLIED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

LOCATOR #: _____ **EXPEDITE FEE PAID:** YES NO

Have you contacted another Congressional office regarding this issue? YES NO

If so, which office did you contact? _____

ADDITIONAL INFORMATION

Please provide any special circumstances or issues regarding your application on the lines below.

SIGNATURE

DATE

Return form by mail:

U.S. Senator Ben Cardin
100 S. Charles Street
Tower 1, Suite 1710
Baltimore, MD 21201

Return form by fax:

(410) 962-4156

Return form by email:

casework@cardin.senate.gov