



**CHUCK FLEISCHMANN
CONGRESS OF THE UNITED STATES
THIRD DISTRICT, TENNESSEE
Passport Privacy Act Release Form**

DATE _____

The requested information is required for each person in your travel party in need of assistance.

CONTACT INFORMATION:

Full Legal Name _____

Address _____

City _____ State _____ Zip _____ County _____

Telephone: Home _____ Cell _____ Work _____

E-Mail _____

PASSPORT INFORMATION:

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Date Applied for: _____ / _____ / _____ Locater Number (if available): _____

Date of Departure: _____ / _____ / _____ Destination/Country of travel: _____

Method of processing and delivery (Routine or Expedited): _____

I authorize CONGRESSMAN CHUCK FLEISCHMANN or any member of his staff to obtain information concerning my immediate need for a passport.

Signature _____ Date _____

Chattanooga District Office
Federal Courthouse
900 Georgia Avenue, Suite 126
Chattanooga, TN 37402
Phone: (423)756-2342
Fax: (423)756-6613