General Instructions

- ❖ Each applicant must supply a separate Letter of Authorization.
- All fields are required. Original signature is required.
- New or lost passport services only: please enclose an additional copy of the Letter of Authorization outside of the envelope sealed by the Acceptance Agent.

Special Instructions When Applying for Minors

If you are a parent or a legal guardian applying on behalf of a minor you must sign the letter as follows:

- 1. Write the child's name in the "Applicant Name" field of the letter.
- 2. On the signature line, write "Father:", "Mother:", or "Legal Guardian:", and sign accordingly.

Please refer to our website http://www.VisaHQ.com/passport.php for additional information. Do not hesitate to call or write if you have any questions or need additional assistance.

Toll-free telephone: 1-800-345-6541 Email: <u>info@visahq.com</u>



1701 Rhode Island Ave NW, Suite 3-137B, Washington, DC 20036 Tel: +1-800-345-6541 | Email: info@visahq.com

Letter of Authorization

Please carefully read the information below before completing this Letter of Authorization.

An individual's personal information <u>cannot</u> be released by the U.S. government to another party without the written consent of the individual under the provisions of the Privacy Act of 1974 (5 USC 552a). As a result, an employee at a U.S. passport agency cannot discuss the details of your passport application with a third party without your written consent.

Please check all that apply:	
☐ I authorize the company stated below to submit my passport application to pick up the passport from a U.S. passport agency on my behalf.	o a passport agency and
☐ I authorize the passport agency to disclose to the company listed below ar documentation and/or information that that may arise in connection with and I authorize the company to respond to such requests under my direction	ny passport application,
□ I do not authorize the passport agency to disclose to the company listed be further documentation and/or information that may arise with my passport agency to contact me directly should an issue arise with my passport concerns matters other than the date on which the passport will be ready f passport agency.	t application. I want the port application that
Applicant Information	
(Note: All of the information below may ONLY be filled out by the apguardian, or person legally acting in loco parentis)	- "
Applicant Name:	
(Last Name, First Name, Middle Name)	
Applicant Phone No: Date: (Area Code-XXX-XXXX)	
Courier Company Name:	
Applicant Signature:(If the applicant is under the age of 16 the parent(s),legal guardian(s), or person legarentis must sign)	gally acting in loco



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Please check all that apply:

	• • •
	I authorize the company stated below to submit my passport application to a passport agency and pick up the passport from a U.S. passport agency on my behalf.
	I authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that that may arise in connection with my passport application, and I authorize the company to respond to such requests under my direction.
	I do not authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that may arise with my passport application. I want the passport agency to contact me directly should an issue arise with my passport application that concerns matters other than the date on which the passport will be ready for pick-up from the passport agency.
	Applicant Information E: All of the information below may ONLY be filled out by the applicant, parent, legal guardian, or person legally acting in loco parentis) ant Name:
· · · · · · · · · · · · · · · · · · ·	(Last Name, First Name, Middle Name)
Applic	ant Phone No: Date: (Area Code-XXX-XXXX) (MM/DD/YYYY)
Courie	r Company Name:
	ant Signature:applicant is under the age of 16 the parent(s),legal guardian(s), or person legally acting in loco