



DATE: _____ / _____ / _____
Month Day Year

NAME: _____
First Middle Last

DATE OF BIRTH: _____ / _____ / _____
Month Day Year

PLACE OF BIRTH: _____
City State/Country

I AUTHORIZE ATLAS PASSPORT AND VISA SERVICES (ATLAS SERVICES) AND ITS AGENTS/EMPLOYEES TO SUBMIT MY PASSPORT APPLICATION TO U.S. PASSPORT AGENCY AND TO ACCEPT DELIVERY OF THE PASSPORT ON MY BEHALF.

Under the provisions of privacy Act of 1974 (Public Law 93-579), no information may be released from U.S. Government files without the prior written consent of the individual in question. Consequently, an employee of U.S. Passport Agency cannot discuss the details of your passport application with the courier service without your permission. Please choose one of the following:

I authorize the U.S. Passport Agency to discuss any problem which may arise with my passport application with the Atlas Services identified above.

I want the U.S. Passport Agency to contact me directly should a problem arise with my application which concerns matters other than the date on which the passport will be ready for pick-up. My daytime phone number is:
(_____) _____ - _____.

Signature

X:/F/passport/Auth-pass Rev. (05/11)

515 North Central Avenue, Suite B, Glendale, California 91203
<http://www.1800atlas.com> ♦ Visa@atlaspvs.com
Tel: 818-242-2400 ♦ Fax: 818-242-2475