

**ADAMS
PASSPORTS AND VISAS**

3005 W. VICTORY BLVD.
BURBANK, CA 91505
(818) 859-7101 (800) 638-1517
(818)859-7102 Fax: (818) 859-7103

Date: _____

Name: _____
(Last, First, Middle)

Date of Birth: _____

Place of Birth: _____

I AUTHORIZE ADAMS PASSPORTS AND VISAS TO SUBMIT MY PASSPORT APPLICATION TO A U.S. PASSPORT AGENCY, AND TO ACCEPT DELIVERY OF THE PASSPORT ON MY BEHALF.

Under the provisions of the Privacy Act of 1974 (Public Law 93-579), no information may be released from the U.S. Government files without the prior written consent of the individual in question. Consequently an employee of the 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 problems which may arise with my passport application with the courier service 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)