

IMPORTANT INSTRUCTIONS:

- Each applicant **MUST** submit a separate Letter of Authorization.
- Each Letter of Authorization **MUST** be handwritten.
- Original signature(s) are required.
- Two original Letters of Authorization are required.
- All fields are required to be filled in on the Letter of Authorization.
- Check the first two boxes, this authorizes Travel Document Systems to be your representative. **DO NOT** check the third box, this will cause delays.
- In the Courier Company Name field, please **handwrite** Travel Document Systems.

SPECIAL INSTRUCTIONS FOR MINORS (CHILDREN) UNDER 16 YEARS OF AGE:

If you are the parent or a legal guardian completing the Letter of Authorization on behalf of a minor you must sign the Letter of Authorization as follows:

- Write the minors full name in the Applicants Name field.
- On the signature line, please sign your name and write Mother, Father or Legal Guardian next to the signature.

- Washington DC
 New York
 San Francisco
 Houston
 Los Angeles
 Seattle
 Atlanta

Letter of Authorization

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

An individual's personal information cannot 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:

- Recommended 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.
- Recommended 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

(Note: All of the information below **MUST** only be hand written by the applicant, parent, legal guardian, or person legally acting in loco parentis)

Name must be hand written.

Applicant Name: PUBLIC, JOHN GUE
 (Last Name, First Name, Middle Name)

Must be hand written.

Applicant Phone No: 000-555-5555 Date: 11/31/2000
 (Area Code-XXX-XXXX) (MM/DD/YYYY)

"Travel Document Systems" goes in this space.

Courier Company Name: TRAVEL DOCUMENT SYSTEMS

Applicant Signature: John Public

(If the applicant is under the age of 16, a parent, legal guardian, or person legally acting in loco parentis must sign)

Washington DC New York San Francisco Houston Los Angeles
 Seattle Atlanta

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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

(Note: All of the information below MUST only be hand written by the applicant, parent, legal guardian, or person legally acting in loco parentis)

Applicant Name: _____
(Last Name, First Name, Middle Name)

Applicant Phone No: _____ Date: _____
(Area Code-XXX-XXXX) (MM/DD/YYYY)

Courier Company Name: _____

Applicant Signature: _____

(If the applicant is under the age of 16, a parent, legal guardian, or person legally acting in loco parentis must sign)