

CONGRESSMAN TRENT KELLY
PRIVACY RELEASE FORM FOR PASSPORTS

Claimant Name _____

Address _____ City/State/Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____

Would you like to receive Congressman Kelly's e-newsletter _____

Departure Date: _____

Locator # _____

Date Application mailed: _____

Expedition Fee Paid or Not Paid _____ u

Overnight Mail Paid or Not Paid _____

Credit Card (Mastercard, Visa, American Express, etc.) Mastercard # _____

Exp. Date: _____

Sec. Code _____

Name and address on credit card if different from Claimant _____

Please attach a copy of any documents that may be helpful to us. Do not send originals.

Please explain what you would like Congressman Kelly's Office to do on your behalf: (This must be completed or the agency will not work with our office)

If you wish to authorize the release of information regarding your case to any third parties other than the federal agency and Congressman Kelly's staff (i.e. family member or legal representative), please provide their names:

In order for Congressman Kelly and his staff to inquire into your issue with a Federal agency you cannot currently be working with any other Congressional Office.

Have you contacted any other Member of the U. S. House of Representatives or U. S. Senate, or their offices, about this issue? Yes or No _____, If yes, which Member of Office? _____

Has the above referenced Office closed their case file on this issue? Yes or No _____

If you would like Congressman Kelly to take over your case from another Congressional Office you will be required to provide documentation that your case has been closed with any other U.S. Representative or U.S. Senator's office before we are able to submit an inquiry on your behalf.

PRIVACY RELEASE

As required by Public Law 93-579, the Privacy Act, I _____, hereby request and authorize Congressman Kelly and his/her staff to work with any federal agency relevant to the matter described above on my behalf, including the right to receive and any information contained in my file, and, if necessary, to forward any pertinent information contained in my file, and, if necessary to forward any pertinent correspondence sent by me regarding this matter. I understand that all Federal agencies are allowed a minimum of 30 days to respond to congressional inquiries. I also affirm that the above information is correct.

SIGNATURE: _____ DATE: _____

Please complete this form and return to the following address:

Congressman Trent Kelly
Attn: Shelia Ryan
431 East Main Street, Suite 450
Tupelo, MS 38804
Phone: 662-841-8808
Fax: 662-841-8845
Shelia.ryan@mail.house.gov