

U.S. Representative Mike Rogers 3 District Alabama Privacy Release Form for Passport Casework

Please print or type:

Full Name: (first)	(MI) (Last)	
	(Past)	
	Email:	
	ork Phone:Cell Phone:	
	County of Birth:	
Date of Travel:	Destination:	
Social Security Number:		
Passport Locator Number, if known:		
Was this a renewal or a new application?		
Where was application filed?	When filed?	
What date of departure did you put on the	e application?	
Did you request and pay for an expedite?		
 In addition to this form attach: Copies of all receipt notices A brief description of the prob 	olem	
	norized the Passport Agency to release personal informati	on to
Congressman Mike Rogers and/or his staf	f in order for him to assist me with the above matter.	
Signature:	Date:/	
If you live in: Calhoun, Cherokee, Cleburne, St. Clair, or Talladega Co		oosa
Mail an Ears 4a	M. H. E. A	

Mail or Fax to:

Congressman Mike Rogers 1129 Noble Street, Room 104 Anniston, AL 36201 Fax: (256) 237-9203 Mail or Fax to: Congressman Mike Rogers

701 Avenue A, Suite 300 Opelika, AL 36801 Fax: (334) 742-0109