



U.S. Senator John Cornyn

Attention: Casework
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PASSPORT INTAKE FORM

- o Please complete and return this form if your passport application is outside of normal processing times or you are within four weeks of your travel date. To find current passport processing times visit: <http://travel.state.gov>
- o If you have contacted another congressional office regarding your application please continue working with that office. The passport agencies will only respond to one congressional office per applicant.
- o Please complete one form per person
- o Applicant must physically sign this form. If signing the application on behalf of a minor child please include relationship by the signature block below.

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of the U.S. Department of State. I am furnishing his office with the following information to aid in the inquiry.

Name: (Mr./Mrs./Ms.) _____
First Middle Last
(Name should be provided as it appears on application.)

Social Security Number: _____ Date of Birth: _____

Application Locator Number: _____
(If a passport application has been entered into the system the locator number may be checked online at <http://travel.state.gov>)

Address: _____
(Street)

(City, State, Zip)

E-mail address: _____

Telephone number: _____

Date application was submitted: _____

Paid for: Routine Service: Expedited Service:

If applicable:
Travel destination: _____

Date of departure: _____

FedEx or USPS Tracking Number: _____

SIGNATURE: _____ Relationship to Applicant: _____ **DATE:** _____
(Electronic signature is not accepted) if applicant is a minor