U.S. Senator John Cornyn

Attention: Casework
517 Hart Senate Office Building
Washington, DC 20510-4305
(972) 239-1310 (Telephone)
(972) 239-2110 (Fax)

PASSPORT INTAKE FORM

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:_____ **DATE:**_____