



Congressman Earl L. "Buddy" Carter
First District of Georgia
 Passport Authorization Form



PURSUANT TO THE REQUIREMENTS OF THE PRIVACY ACT, PUBLIC LAW 93.579,
 I AUTHORIZE CONGRESSMAN EARL L. "BUDDY" CARTER AND HIS STAFF TO
 DISCUSS MY PASSPORT APPLICATION WITH AGENTS OF U.S. PASSPORT SERVICES.

***SIGNATURE** _____ Date _____

PLEASE PRINT:

Full Name _____

Mailing Address _____

City _____ State _____ Zip code _____

Work Phone _____ Home Phone _____

Cell Phone _____ Email _____

Date of Birth _____

Place of Birth (City & State) _____

Social Security Number _____

Date of Departure _____

Destination _____