



The Honorable Kay Granger

12th Congressional District of Texas

Congressional Inquiry Request Form Passport Assistance

Mr. Ms. Name (Print)

Date

Country of Birth

Date of Birth

Address

City/State

Zip Code

(_____) _____
Telephone Number

Email

Are you a resident of Texas Congressional District 12? _____

Do you have an open case with this office or another congressional office? _____ Yes _____ No

If yes, which office(s)? _____

When did you apply for your passport? _____

What is your date of travel? _____

Please provide your Social Security Number and your Passport Application Locator Number:

Social Security Number

Passport Application Locator Number

Briefly include any details about your application (Did you purchase expedited service/express mail?)

Please state your anticipated outcome:

**Please note: If you are requesting your case be expedited please attached documented reason for inquiry. This can include eviction notice, utility shut-off or terminal illness documentation. Providing these documents does not guarantee your case will be expedited but will aide in showing the agency a need to expedite.*



The Honorable Kay Granger

12th Congressional District of Texas

District Office

1701 River Run, Suite 407
Fort Worth, Texas 76107
Phone: (817)338-0909
Fax: (817)335-5852

Washington D.C. Office

1026 Longworth HOB
Washington, DC 20515
Phone: (202)225-5071
Fax: (202)225-5683

Congressional Inquiry Privacy Act Release Form

Instructions

The Privacy Act of 1974 (5 U.S.C. § 552a) requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. Once you have completed the Privacy Act Release Form, please return it to the **District Office**. Attach **copies** of any relevant documentation in connection with your case (correspondence, decisions, etc.).

*I hereby authorize the release of any information regarding my case to **Congresswoman Kay Granger and staff**. In addition, I hereby authorize **Congresswoman Kay Granger and staff** to speak on my behalf in matters concerning this inquiry.*

Signature (We must have your signature to precede with any case.) _____

Date _____

Name (Print)

Date of Birth

Address

City/State

Zip Code

(_____) _____
Phone Number

Email

Alternate Point of Contact

I authorize, _____, as an alternate point of contact and authorize the aforementioned person to receive updates from Congresswoman Kay Granger and staff regarding my case.

Signature _____

Date _____

*Except in limited circumstances, this office will **NOT** work with a personal representative receiving a fee for representing the constituent. This office will maintain communication directly with the constituent and, if **the constituent** chooses, the constituent may forward such to a personal representative. This is in an effort to protect the constituent. A congressional office cannot ensure the constituent will not be billed by a personal representative for services the congressional office is performing free of charge*

Honesty Certification

I certify that the information provided on the *Privacy Act Release Form* and the *Congressional Inquiry Request Form* is true to the best of my knowledge. I understand that a deliberate misrepresentation may result in the discontinuance of assistance from Congresswoman Kay Granger and staff.

Signature _____

Date _____