

PASSPORT STATUS INQUIRY INTAKE FORM

This form must be returned with a PHOTOCOPY OF YOUR GOVERNMENT ISSUED IDENTIFICATION (driver license, etc.)

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 OR if your travel is considered an emergency, such as medical necessity.

For current passport processing times visit: <http://travel.state.gov>

If you have contacted another congressional office (either US Senator or US Representative) regarding your passport application, please continue working with that office. The passport agencies will only respond to one congressional office per applicant. Submitting more than one inquiry could potentially create delays.

Complete one passport status inquiry intake form per person.

The Privacy Act of 1974 prevents agencies from releasing information about you to anyone without your written consent. Therefore, Congressman Moran must have your written authorization before he can initiate an inquiry with a federal agency on your behalf.

TO WHOM IT MAY CONCERN:

I respectfully request and hereby authorize U.S. Representative Nathaniel Moran and any member of his staff to act on my behalf to receive information from the proper officials with the U.S. Department of State regarding my issue described below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

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
Overnight Delivery? YES NO

Travel destination _____ Date of departure _____

Purpose of trip _____ Business Leisure Emergency

FedEx or USPS Tracking Number _____

I understand that by requesting the assistance of Congressman Moran and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Moran or his staff may result in the discontinuance of assistance.

X
SIGNATURE (Electronic signature is not accepted) Relationship to Applicant DATE

US REPRESENTATIVE NATHANIEL MORAN / 1121 E. Southeast Loop 323, Suite 206, Tyler, TX 75701
Phone: 1-866-535-6302 / Fax: 903-561-7110