

# Passport Release Form

Please complete the following release form and send it to:

**Chattanooga District Office**

900 Georgia Avenue  
Suite 126  
Chattanooga, TN 37402  
(423) 756-2342  
(423) 756-6613 fax

**Oak Ridge District Office**

200 Administration Road  
Federal Building Suite 100  
PO Box 2001  
Oak Ridge, TN 37831  
(865) 576-1976  
(865) 576-3221 (fax)  
(800) 883-2369 toll free

Date: \_\_\_\_\_

The requested information is required for each person in your travel party in need of assistance.

**Contact Info:**

Full legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Work or Cell) \_\_\_\_\_

Email: \_\_\_\_\_

**Passport Info:**

Social Security number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Applied for: \_\_\_\_\_ Locator number: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Destination/Country of travel: \_\_\_\_\_

Method of processing and delivery: Routine or Expedited: \_\_\_\_\_

I authorize CONGRESSMAN ZACH WAMP or any member of his staff to obtain information concerning my immediate need for a passport.

**SIGNATURE:** \_\_\_\_\_

Your signature is required