



Client Letter of Authorization

Date: _____

Name: _____

EXACTLY as it appears on the passport application

Date of Birth: _____

Place of Birth: _____

I authorize International Visa Service, d/b/a A Quick Passport and Visa; Atlanta, Georgia, to submit my passport application to the U. S. Passport Agency and to accept delivery of the passport on my behalf.

Under the provision of the Privacy Act of 1974 (public law 93-579), no information may be released from U. S. Government files without the prior written consent of the individual in question. Consequently, an employee of the U. S. Passport Agency cannot discuss details of your passport application with the courier service without your written consent.

Please choose one of the following:

I authorize the U. S. Passport Agency to discuss any problems on my passport application with the above listed visa service and their representative either in person or on the telephone (1-800-627-1112) and to deliver my passport to them when complete.

I want the U. S. Passport Agency to contact me directly should a problem arise with my passport application which concerns matters other than the date on which the passport will be ready for pick-up.

Signature

Date

Signature of applicant exactly as it appears on the passport application.

316 Hammond Drive N.E. Atlanta, Georgia 30328

Phone 404.843.0005 Toll Free 1.800.627.1112 Fax 404.843.2259 www.visalady.com