***Dear Senator Gillibrand:*** **CASE NUMBER: _____**

***I request that you or a member of your staff investigate the passport case outlined below. I understand that this form is to be used in compliance with the Freedom of Information Act and the Privacy Act of 1974.***

Signature of Passport Applicant: X_____ Date: _____

**Personal Information about the Passport Applicant**

**Name (as filed) Last: _____ First: _____ Middle: _____**

Other names (if any): _____ Gender: Male ☐ Female ☐

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____ Email_____

Date of Birth (month/day/year) _____ Last 4 of Social Security #: _____

Date/Place Applied: _____ Date of Travel (month/day/year): _____

Passport Application Locator #: _____ Previous Passport #, if any: _____

Paid for expedited processing? Yes / No (circle)

Please write a BRIEF explanation of the problem:

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**Please send this form and supporting documentation via email to casework@gillibrand.senate.gov, fax to (866) 824-6340, or via mail to: U.S. Senator Kirsten E. Gillibrand, ATTN: Immigrant Affairs Dept., 780 Third Ave., Suite 2601, New York, N.Y. 10017. If you have questions, please call my New York City office at (212) 688-6262.**