



Office of Congresswoman Jackie Speier

Passport Assistance Request Form

Return to:
Congresswoman Jackie Speier
155 Bovet Road, Suite 780
San Mateo, CA 94402
Phone: (650) 342-0300
Fax: (650) 375-8270
www.speier.house.gov

Last Name: _____

First Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Date of Birth: _____

Passport Locator #: _____

Social Security #: _____

Application Location and Date: _____

Destination and Date of Travel: _____

Do you need to apply for a visa to travel? Yes _____ No _____

If yes, how far in advance? _____

Did you request expedited processing? Yes _____ No _____

Is this your first Passport Application? Yes _____ No _____

Are you applying for your child? Yes _____ No _____

*The Privacy Act of 1974 requires that Members of Congress and their staff have written authorization before they can obtain information about an individual's case. The information contained in this form will be used only for the purposes of assisting constituents with their passport case and kept confidential. If you would prefer not to mail or fax this information, please call the San Mateo District Office at the number above for immediate assistance.

Signature: _____

Date: _____