Passport Assistance Request Form

When filling out the following form:

1) Please complete one form only for each person requiring passport assistance.

2) Please complete the form in its entirety. Incomplete forms will not be submitted.

3) All requests for assistance with a time sensitive passport issue should be faxed to 512-916-5839 or emailed to casework@cruz.senate.gov.

4) Please note that inquiries will be conducted for citizens traveling within two weeks who have yet to receive their passports.

5) If you have contacted another member of Congress for passport assistance, please continue to work with that office. An inquiry from multiple Congressional offices slows and complicates the process.
The Privacy Act requires your written consent before a government agency will release information to our office regarding your records. To better serve you, please complete this form and return it as indicated below. Please be aware that the person requesting assistance must sign the form.

I hereby authorize the office of SENATOR TED CRUZ to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, access to information concerning me, and to forward copies of my correspondence involving (Name of Agency) .................................................................

In addition, the office of SENATOR CRUZ is also authorized to see any materials that may be disclosed pertinent to that request.

Departure Date: ____________________
(Please note that inquiries will only be made if departure date is in two weeks or less)

Name (as it appears on the application): __________________________________________

Social Security Number: ______________________________________________________

Date of Birth: _______________________

Passport Application Locator Number: ___________________________________________
(If you would like to track a passport application that has already been entered into the system, you can use your locator number to check online at http://travel.state.gov, "Checking the Status of your Application." This number is important because it will indicate which Passport Agency is working the case).

Date Passport Application was submitted: _________________________________

Daytime Phone: (_______)________________________________

Home Address: ________________________________________________

_________________________________________
Expediting Service?  YES [ ]  NO [ ]

Destination of Travel: ________________________________

____________________________________  _______________________
Signature of Applicant                 Date

INSTRUCTIONS:

Please write a brief letter outlining the nature of your problem and be as specific as possible. In particular, include the names of any public officials you have communicated with in the past and the dates those communications occurred. Also, please attach any relevant correspondence that you have initiated or received concerning your problem. You may submit your completed form, your brief letter, and any other pertinent attachments by:

Senator Ted Cruz
961 J.J. Pickle Federal Building
300 E. 8th Street
Austin, Texas 78701
Fax: (512) 916-5839
casework@cruz.senate.gov