

Letter of Authorization

Embassy Visa and Passport Services
(888) 552-2893

US Passport Services
Washington, DC

Date: _____

Dear Sir or Madam:

I, _____, authorize Embassy Visa to deliver and retrieve my completed passport.

Applicants' signature: _____

Applicant's Date of Birth: _____

Applicant's Date of Departure: _____

Social Security #: _____

Daytime Phone: _____

Home Phone: _____

RETURN DOCUMENT TO ADDRESS BELOW

Address: _____

City: _____ State: _____ Zip: _____

Please mail your completed applications and supporting documents to the following address:

Departure is longer than 7 Days, send to

Embassy Visa & Passport Services, LLC
18701 Autumn Mist Drive
Germantown, MD 20874

or

Departure is less than 7 Days, send to

Embassy Visa & Passport Services, LLC
1900 L Street, Suite 220
Washington, DC 20036

Embassy Visa and Passport Services acts only as an agent on behalf of the applicant and accepts no responsibility for the services of the Passport Agency or any Consulate or Embassy regarding the granting of passports or visas.