



UNITED STATES CONGRESSWOMAN
KELLY MORRISON
REPRESENTING THE 3RD DISTRICT OF MINNESOTA

In accordance with the Privacy Act of 1974, I,
give Representative Kelly Morrison authority to act on my behalf.

***Required Fields**

Agency Involved: *

Agency Case Number (if applicable):

Prefix:

First Name: *

MI:

Last Name: *

Social Security Number:

DOB: *

(Do not include SS# if your case is immigration related)

Street Address: *

City: *

State: *

Zip Code: *

Email: *

Phone Number:

Military or Veteran's Issue

Branch of Service (if applicable):

Military Rank (If Applicable):

Component (Active, Guard, Reserve):

Unit:

Are you currently serving?

VA Claim # (if applicable):

Are you contacting us regarding a passport issue?

Yes:

☐

No:

☐

Passport/Application Locator Number: **Paid Expedited Service Fee?** **Priority/Overnight Mailing**

Service?



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Date of Travel:

Date Passport Application Received:

Travel Destination:

Is this case on behalf of a Minor?

Minor's Full Name:

Minor's Date of Birth:

Minor's Social Security Number:

Relationship to Minor

Have you contacted any other elected official regarding this case?

If yes, Official's Name?

Please explain the problem and the resolution and the resolution/outcome you are seeking:



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Constituent Authorization

To be able to assist you, we must have a signed privacy release form that clearly outlines your problem and the remedy you are seeking. By marking an "X" in the box below, you are giving our office permission to look into the matter on your behalf. Please make sure to include any relevant identifying information and supporting documents which relate to your inquiry.

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I hereby request the assistance of the Office of Representative Kelly Morrison to resolve the matter described below. I authorize the Office of Representative Kelly Morrison to receive any information that they might need to provide this assistance. The information I have provided to the Office of Representative Kelly Morrison is true and accurate to the best of my knowledge and belief. The assistance I have requested from the Office of Representative Kelly Morrison is in no way an attempt to evade or violate any federal, state, or local law.

Signature (sign in ink) *

Date *

Checklist:

- Fill out the form with the requested information.
- Review the information to be sure it is accurate and complete.
- Sign and date the form.
- Transmit it to our office in one of the following ways:
 - Mail or hand-deliver to Rep. Kelly Morrison's district office at 3033 Campus Drive Ste W105, Plymouth, MN 55441 (9am – 5pm weekdays)
 - Scan and email to relevant staff member or to casework.morrison@mail.house.gov

How did you hear about our services?

☐

Word of mouth

☐

Local/County/State referral

☐

Other congressional Office

☐

Lawyer

☐

Accountant

☐

Postcard or voicemail from Kelly

☐

Other, please explain:

Would you like to be added to Congresswoman Kelly Morrison's email list?

☐

Yes

☐

No