

NAME OF POST/OFFICE  
**Passport Release Transfer Request**  
Address, Telephone number, e-mail

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Complete Contact number/s: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Assistance Requested:

Claiming by Representative

Name of representative: \_\_\_\_\_

Applicant's relationship to representative: \_\_\_\_\_

Cancellation of Passport

Release at RCO \_\_\_\_\_

Release at Post: \_\_\_\_\_

Return of Passport

Passport Application filed at: \_\_\_\_\_

Date of Passport Application: \_\_\_\_\_

Date of Arrival at requested site: \_\_\_\_\_

Flight details (if available): \_\_\_\_\_

PLEASE STATE FACTS AND REASON/S FOR REQUEST:

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I hereby certify that the above information is correct

\_\_\_\_\_  
Applicant's signature

Reminders:

1. Applicants must immediately inform the nearest Post/Office upon arrival.
2. Representatives must be duly-authorized, whenever possible, with a Special Power of Attorney.
3. Applicants requesting transfer of release venue may expect a delay due to the arrangements that have to be made to facilitate the request.
4. The Department reserves the right to deny the request subject to existing law and Department rules and regulations.
5. I have understood the above reminders. \_\_\_\_\_signature \_\_\_\_\_date