U.S. Department of State

REQUEST FOR AUTHENTICATIONS SERVICE

SECTION 1: CUSTOMER CONTACT INFORMATION

Name *(Last, First, MI)*	Suffix/Prefix	E-mail

Home Phone	Extension	Cell Phone	Extension

Work Phone	Extension	Case Type *(If Federal Agency Must Be Official Business)*
		Select Specify _____

Country	Formal Mailing Address
	Line 1 _____ Line 2 _____ City _____ State _____ ZIP Code _____

SECTION 2: COURIER/REPRESENTATIVE CONTACT INFORMATION

Are you submitting/retrieving this request on behalf of another individual?	Name *(Last, First, MI)*
Select	

Company	Phone Number	Extension

SECTION 3: SHIPPING DETAILS *(FOR MAILED IN REQUESTS ONLY)*

Delivery Method Select Specify _____

Tracking Number

Shipping Address	Shipping Address
☐ Same address as above	Line 1 _____
Country	Line 2 _____ City _____ State _____ ZIP Code _____

SECTION 4: DOCUMENT INFORMATION *(CONTINUED ON NEXT PAGE)*

Country	Number of Documents	Document Type	Document Label *(Official Use Only)*
		Select	
		Select	
		Select	

SECTION 5: PROJECTED COST

Total Number of Documents	Estimated Cost