

FOR OFFICIAL USE ONLY

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary, however, failure to provide the information requested may delay or prevent approval of your request.

NAME: AKA:
SSN: GRADE/RANK:
ORGANIZATION:
HOME ADDRESS:
PURPOSE OF VISIT:
AREA(S) TO BE VISITED:
DATE/TIME OF ARRIVAL: DATE/TIME OF DEPARTURE:
DRIVERS LICENSE #: STATE:
DATE OF BIRTH: PLACE OF BIRTH:
CITIZENSHIP: SEX:
EYE COLOR: HAIR COLOR:
WEIGHT: HEIGHT:
WORK PHONE NUMBER: HOME PHONE NUMBER:
POC AT SIERRA: POC PHONE:
CAMERA REQUIRED: YES NO
REASON CAMERA IS REQUIRED:

LE Division NCIC Check - Adverse Information – Yes No
Date: Name of NCIC Operator:
Security Manager/Physical Security Specialist Approval
Entry Granted – Yes No
Date: Name:
