REQUEST FOR UNESCORTED INSTALLATION ACCESS TO FORT LEE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC 3331, 552, 552a; 10 USC 10204; Executive Orders (EO) 10450, 10865, and 12333.
PRINCIPAL PURPOSE: The information requested is for the purpose of granting access to the Fort Lee Installation.
ROUTINE USES: Basis for determination of qualifications and background information for eligibility for access to Fort Lee Installation. The Social Security Number (SSN), required for record accuracy, is requested pursuant to EO 9397.
DISCLOSURE: Providing requested information, to include your SSN is voluntary. However, your access may not be granted if all requested information is not provided. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in performance of their official duties. Deliver this document directly to the intended recipient. DO NOT drop off or send to a third-party. This document contains personal or privileged information and should be treated as "For Official Use Only (FOUO)".

PART I - APPLICANT INFORMATION

a. LAST NAME:	b. FIRST NAME:	c. MIDDLE INITIAL:
d. GRADE/RANK/STATUS:	e. SOCIAL SECURITY NUMBER:	f. DOB:
g. GENDER: ☐ Male ☐ Female	h. E-MAIL ADDRESS:	
i. PHONE NUMBER :	j. EMPLOYER:	
k. DRIVER'S LICENSE / ID # STATE: Exp Date:	RACE:	

PART II - VISITOR (N/A FOR CONTRACTORS/SUPPORT PERSONNEL)

a. REQUESTED DATE(S) / TIME OF VISIT: FROM TO

b. PURPOSE OF YOUR VISIT:

☐ GRADUATION ☐ MUSEUM ☐ VISIT FAMILY ☐ GOLF/BOWLING

☐ SPECIAL EVENT (**Specify below**):

PART III - VEHICLE

a. MAKE:	b. MODEL:	c. COLOR:	d. PLATE #:

PART IV - CONTACT/SUPPORT PERSONNEL

a. CONTRACT/GOVERNMENT BILL OF LADING #:

b. GOVERNMENT ORGANIZATION/BUSINESS SUPPORTED:

c. CONTRACT EXPIRES:	d. COR/SUPERVISOR:

PART V - GOVERNMENT SPONSOR'S CERTIFICATION

I certify that the applicant meets the justification requirements as indicated in Part IV above for access privileges. Furthermore, I certify that the applicant requires an access control card as indicated above in order to perform assigned duties or conduct official business on Fort Lee.

a. COR/SUPERVISOR/PHONE NUMBER **(Invalid if Incomplete)**	b. SUPERVISOR/SPONSOR SIGNATURE **(Invalid if Incomplete)**

PART VI - ISSUING OFFICE

SECTION BELOW IS FOR USE BY INSTALLATION ACCESS CONTROL OFFICE ONLY

a. ☐ APPROVED	b. ☐ DISAPPROVED	c. ☐ ACTION TAKEN (**Specify below**)

a. APPROVING OFFICIAL PRINTED NAME	b. APPROVING OFFICIAL SIGNATURE	DATE

FORT LEE INSTALLATION ACCESS CARD/PASS

ACKNOWLEDGEMENT STATEMENT

1. I understand that I must give the Fort Lee Visitor Control Centers ***consent to an initial criminal history and periodic background screenings*** *prior to and after the issuance of an installation access card/pass by completing Fort Lee Form 190-3. Failure to do so will result in the termination of the application process. I further understand that these background screenings will determine my eligibility for access and continued access during the term of my visit.*

a. I understand that my ***access may be revoked*** *at anytime without reason or notice.*

b. I understand that I must ***properly care for my cards/pass*** *to prevent damage, or unnecessary wear.*

c. I understand that it is ***prohibited to allow someone else to use my card/pass.***

d. I understand that my card/pass ***must be turned in*** *to the Installation Access Office once it has expired or further use is not required.*

e. I understand that I ***must immediately report any lost, damaged or stolen card/pass*** *to my sponsor and the military police.*

f. I understand that my card/pass must be controlled at all times. If you have and or know where your card/pass is,then it is considered secured! If your card/pass is lost or unrecoverable, please notify your sponsor immediately.

2. I have read and understand the instructions listed above.

APPLICANT'S PRINTED NAME DATE

APPLICANT'S SIGNATURE