

Fort George G. Meade Installation Access Request

Contractor
 Resident
 Visitor
 Government Agency
 Other

Applicant's Full Name (Last, First, Middle Name)		Height	Weight	Eye Color	Hair Color
Social Security Number		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Driver's License Number and State		Date of Birth
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Unknown	Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other Specify Below		Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
<input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Workers Authorization Card <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Non U.S. Passport <input type="checkbox"/> N/A					
Card/Certificate/Passport Number:					

Home Address:

Best Phone Number: _____ Work Phone Number: _____

Company Name and Full Address:

SPONSOR INFORMATION

Sponsoring Organization/Unit/Address:
Anne Arundel County Public Schools/MacArthur Middle School/3500 Rockenbach Road, Ft. Meade, Md. 20755

Sponsors Name(Print): Eugene Whiting	Sponsors Rank: Civilian	Sponsors Status:	Contract Number:
Sponsors Work Phone Number: 410-674-0032	Sponsors Home Number: 410-674-0032	Expiration Date (MM-DD-YYYY) 6/30/17	
Sponsors Signature: _____	Signature Date:		

Reason access is needed? If more space is needed please continue on additional paper. (Attach any important documents)

MacArthur Middle School Parent/Volunteer

FOR INTERNAL USE ONLY

Notes:

Directorate of Emergency Services, NCIC Operator	Date of NCIC Check: (MM-DD-YYYY)
<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared _____ Installation Access Control Officer _____ (DES STAMP) <input type="checkbox"/> Access Approved <input type="checkbox"/> Access Denied _____ (Signature of Access Control Officer)	Date Processed: (MM-DD-YYYY)
<input type="checkbox"/> On gate Vetted List/AIE Database	Date Issued: (MM-DD-YYYY)

Badge: One day Pass Badge Expiration Date _____

Data Required By the Privacy Act of 1974
 Authority 5 U.S.C. 301, Dept. Regulations 10 U.S.C. 3013
 Principal Purpose(s): In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, this information contained therein may be disclosed outside DOD as a routine use pursuant to 5 U.S.C. 552a(b)(3), AR 340-21, Para 3-2
 Disclosure: **VOLUNTARY**, individual may disclose his or her personal information; however, failure to provide your SSN and personal data may delay or preclude access to the installation. (Authorized under AR 190-45, AR 190-5, MDW requirements, and U.S.C.3013)