REQUEST FOR VISIT AND CLEARANCE/ACCESS CERTIFICATION

For use of this form, see AR 380-5

DATE:

FROM:	THRU:	TO:

1. Permission is requested for the following named employee(s) to visit your facility as described below: *(Blocks 1f and g must be completed by Security Office)*

a. VISITOR'S FULL NAME	b. RANK/ GRADE	c. SSN	d. DATE AND PLACE OF BIRTH	e. CITIZENSHIP	f. DEGREE AND DATE OF CLEARANCE	g. TYPE AND DATE OF INVESTIGATION

2. PURPOSE OF VISIT AND CLASSIFICATION OF INFORMATION TO BE DISCUSSED:

3. DATE(S) AND DURATION OF VISIT:

4. PERSON(S) TO BE VISITED AND PHONE NUMBER:

UNLESS OTHERWISE NOTIFIED, THE ABOVE VISIT WILL BE CONSIDERED APPROVED.

5a. TYPED NAME AND TITLE OF INDIVIDUAL VERIFYING SECURITY CLEARANCE:	b. TELEPHONE NUMBER (DSN AND COMMERICAL):	c. SIGNATURE:	d. DATE: