

PLEASE USE BLACK OR BLUE INK

Expires: _____

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013, 44 USC 3101 and EO 9397

PRINCIPAL PURPOSE: To record personal information to determine whether a pass should be issued to allow access to the installation.

ROUTINE USES: None

DISCLOSURE IS VOLUNTARY: Failure to disclose the requested information will result in denial of entry onto the installation.

INSTRUCTIONS

Individuals will complete Sections 2 and 3. Sponsors will complete Sections 1 and 4. Any areas not filled out could delay or deny issuance of pass. Background checks will take 3-5 business days to complete.

Required Documents: Driver's License/State ID, vehicle registration and proof of vehicle insurance.

College Students: Provide a copy of class schedule.

Custodial Parent/Guardians: Provide the dependent child/children's DD Form 1173, a divorce decree, power of attorney(POA), birth certificate(containing military members' name) and/or a child support order.

Caretakers: Provide a medical POA, a letter from the doctor on letterhead stating the medical cause and duration of condition, DD Form 2/DD Form 1173/CAC card.

Section 1- REASON FOR PASS. Check one.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Contractor | <input checked="" type="checkbox"/> College Student | <input type="checkbox"/> Extended Visitor | <input type="checkbox"/> Caretaker |
| <input type="checkbox"/> Contractor Sponsor | <input type="checkbox"/> College Instructor | <input type="checkbox"/> Vendor | <input type="checkbox"/> Custodial Parent |

Company/School: WAYNE COMMUNITY COLLEGE

Duties to perform or purpose of request: WILL ATTEND CLASSES WITH WCC AT THE WATKINS DAS BASE EDUCATION CENTER

Pass Start Date: _____ Pass End Date: _____ (Not to exceed one year.)

Circle Days Authorized: **MON TUES WED THU FRI SAT SUN**

Times Authorized: MUST SHOW CURRENT SCHEDULE Circle Zone Authorized: 1 **2** 3 4

Section 2- PERSONAL INFORMATION

Last Name: _____

First Name: _____ Full Middle Name: _____

Street Address: _____

City/State: _____ ZIP Code: _____

Home Number: _____ Work Number: _____

Driver's License Number/Issuing State: _____

SSN: _____ / _____ / _____ DOB: _____

Are you a US Citizen? _____ What is your Nationality? _____

Section 3- VEHICLE INFORMATION

Vehicle Make: _____ Vehicle Model: _____

Vehicle Year: _____ License Plate Number/State: _____

Section 4- SPONSOR INFORMATION

Last Name: FRASER First Name: DORI

Employer/Military Organization: WAYNE COMMUNITY COLLEGE

Duty Title/Grade: PROGRAM COORDINATOR Phone Number: (919) 735-5151 EXT. 722

Signature: DORI FRASER

Pass and ID Use Only

Date and Time Received: _____ Received By: _____

Pass and ID Use Only

Section 5- 4SFS/S5B Initial Check

DCI Clear Not Clear If no, why? _____

SFMIS Clear Not Clear If no, why? _____

(DCI) Initials and Date

(SFMIS) Initials and Date

Section 6- 4SFS/S5B/NCOIC

Based on the information given should an extended pass be authorized? Approved
 Disapproved

Comments: _____

JOSEPH D. JENKINS, MSgt, USAF
4SFS/S5B NCOIC

Section 7- 4SFS/CC

Based on the information given should an extended pass be authorized? Approved
 Disapproved

Comments: _____

BENITO J. BARRON, Maj, USAF
Commander, 4th Security Forces Squadron

Section 8- 4 MSG/CD

Based on the information given should an extended pass be authorized? Approved
 Disapproved

Comments: _____

DAVID B. ROWLAND, Lt Col, USAF
Deputy Commander, 4th Mission Support Group

Section 9- 4SFS/S5B Six Month Review

DCI Clear Not Clear If no, why? _____

SFMIS Clear Not Clear If no, why? _____

(DCI) Initials and Date

(SFMIS) Initials and Date

Issued: _____
Issued: _____

Print Name And Initial: _____
Print Name And Initial: _____