The information herein is for Official Use Only which must be protected under the Freedom of Info Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a) PRINCIPAL AUTHORITY: 10 U.S.C. 8013, 44 U.S.C. 3101, and EO 9397 PURPOSE: To record personal information on an individual whose duty performance requires entry into Air Force facilities. SSN: Used for further identification of an individual. DISCLOSURE IS VOLUNTARY: Failure to disclose the information and SSN would result in not being allowed entry.

REQUEST FOR VISIT AUTHORIZATION TO AFRL/RRS INFORMATION DIRECTORATE

Before visiting a gover	nment facility			•		` ,	https://dbids-global.dr	ndc.mil/portal/
		DISS user	s skip this form,	AFRL/RRS S	MO code: LK	IMFSD15		
Date of Request:								
 Name of Company o 	r Organization	(full name):						
3. Street Address:								
4. City, State:				Z	Zip Code:			
5. Purpose of Visit:								
Date or Period in wh	ich the visit is ı	requested for (Not t	o exceed 1 Year)	: From:		To	D:	
7. List of visitor(s), add	itional visitors i	next page:						
Name(s)	SSN	Date of Birth	Place of Birth	Country of Citizenship	Date Naturalized	Naturalization Number	If Not a Citizen, Permanent Alien Resident No./Expiration Date	State and DL#
		l	1	_ <u> </u>	1	1		
8. Point of Contact at A	FRL RRS to b	e visited (This is no	t the AFRL Secu	rity Administrat	ive Officer)			
Name:					Phone:			
9. Point of Contact at y	our organizatio	on						
Name:					Phone:			
10. Classification of visit	check one box	c: UNCLASS	FIED CLA	SSIFIED				
11. SIGNATURE block f	or Facility Sec	urity Officer, Securi	ty Manager or Hu	ıman Resource	s Officer:			
Fax form to: AFRL/RIC To confirm receipt of th Mailing address: AFRL	is visit request							
525 B	rooks Road							
Rome	, NY 13441			Note:	Be preparred to	show photo "ID"	(driver's license, militar	y or government
•						=		-

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Additional Visitor Information

Name(s)	SSN	Date of Birth	Place of Birth	Country of Citizenship	Date Naturalized	Naturalization Number	If Not a Citizen, Permanent Alien Resident No./Expiration Date	State and DL #

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