FORT SILL GOLD STAR MEMBER INSTALLATION ACCESS APPLICATION

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 U.S.C. 301 Department Regulation; 10 U.S.C. 3013, Secretary of the Army, Army Regulation 190-13, The Army Physical Security Program and Executive order 9397 (SSN).

PRINCIPAL PURPOSE: The information requested is to ensure positive identification of non-DoD individuals seeking access to U. S. Army Installations.

ROUTINE USES: Solely used to gather information related to your request for access to Army Installations.

DISCLOSURE: Completion of this form is voluntary. However, failure to provide the requested information may result in denial of access to U. S. Army Installations. 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, send to an unauthorized third-party or send via e-mail un-encrypt. Sending PII via regular e-mail is highly discouraged. Regular e-mail is sent "in the clear" and therefore is subject to interception by hackers. There are many other options for sending private, sensitive information or PII securely through e-mail. Please research these options and use them accordingly. This document contains personal or privileged information and should be treated as "For Official Use Only (FOUO)".

SECTION I - APPLICANT INFORMATION

a. LAST NAME:	b. FIRST NAME:	c. MI:
d. DATE OF BIRTH:	e. SSN:	f. RACE:
g. GENDER:	h. HEIGHT:	i. WEIGHT:
j. EYE COLOR:	k. HAIR COLOR:	
l. APPLICANT STATUS:	m. ALIASES/OTHER NAMES USED:	

n. MAILING ADDRESS: *(Include City, State and Zip Code)*:	o. HOME ADDRESS: *(If different from mailing)*: *(Include City, State and Zip Code)*:	*(Include area codes in phone numbers)*: p. HOME PHONE:
		q. WORK PHONE:
		r. EMAIL:

s. APPLICANT'S SIGNATURE:	t. DATE:

SECTION II - NATIONAL CRIME INFORMATION CENTER (NCIC) III CHECK

a. APPLICANT IS CLEARED FOR INSTALLATION ACCESS: ☐ YES ☐ NO *If "No", attached NCIC sources document(s) to this application and forward to the Garrison Commander for determination*

b. NAME OF VERIFYING OFFICIAL:	c. PHONE NUMBER:
d. VERIFYING OFFICIAL'S SIGNATURE:	e. DATE:

SECTION III - GARRISON COMMANDER ADJUDICATION

a. APPLICANT IS CLEARED FOR CARD ISSUANCE: ☐ YES ☐ NO *If "No", state reason(s) below:*

b. VERIFYING OFFICIAL'S SIGNATURE:	c. DATE:

SECTION IV - SURVIVOR OUTREACH SERVICES (SOS) SUPPORT COORDINATOR VERIFICATION

a. APPLICANT IS CLEARED FOR CARD ISSUANCE: ☐ YES ☐ NO *If "No", state reason(s) below:*

b. NAME OF SOS OFFICIAL:	
c. SOS' OFFICIAL'S SIGNATURE:	d. DATE:
e. EXPIRATION DATE OF ACCESS CARD:	

Submit via e-Mail