

NOTICE: Enclosed is the Fort Benning Georgia Access Request Form. This form MUST BE COMPLETED by every attendee of the 503rd Reunion, 18 years of age and older, to gain access to the Fort Benning Base, where all of the reunion activities will take place.

By submitting your form, you are agreeing to a background check, which uses the National Crime Information Center Interstate Identification Index (NCIC-III), a Federal Bureau of Investigation database that provides criminal histories from all 50 states and the District of Columbia. Be aware that all individuals 18 and older in the vehicle are required to have a background check and pass before being allowed to unescorted access to the installation. You must pick up your pass at the Visitor Control Center or the special event gate for your event.

Weapons are not allowed on Fort Benning. Please make arrangements to store them off post, or leave them at home.

To streamline the application process, please mail your completed Access Request Form to Nancy Young along with your completed 503rd Reunion Registration Form by Friday, October 12, 2018. You may also email these documents to khayespollard@gmail.com. The Association will submit all access applications to our Fort Benning point of contact, on behalf of the 503rd Reunion attendees. When completing your form, please leave the "return email address" field in Section IV of the application BLANK.

Nancy Young, 10445 Old Telegraph Road, Ashland, VA 23005

Any questions, call (804)550-3354 (home), (804)-357-3297 (cell), youngncy@comcast.net

Kimberly Hayes Pollard

(703) 282-3541 (cell), khayespollard@gmail.com

*****PLEASE SUBMIT THIS FORM AND YOUR REGISTRATION BY FRIDAY, OCTOBER 12, 2018*****

FORT BENNING GEORGIA ACCESS REQUEST FORM*(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)***ATTENDANCE TO FAMILY DAY,
GRADUATION OTHER SPECIAL EVENT**

Complete this form and return to your Fort Benning sponsor. A National Crime and Information Center (NCIC) check will be conducted prior to granting access to the installation. By signing this application, you affirm/swear the information provided is true. That a knowing and willful false statement on this application can be punished by barment from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001). Furthermore, that under the authority of 50 U.S.C. Section 797 and DoD 5200.8, the installation commander has imposed a continuing obligation for you to disclose to Fort Benning, within 24 hours, if you're convicted of any criminal offenses that occur while you have unescorted access authority to Fort Benning

Section 1. PERSONAL INFORMATION

1. NAME (Last, First, Middle)		2. DRIVER'S LICENSE #/State	3. Social Security Number	4. DATE OF BIRTH (YYYYMMDD)	
5. CURRENT ADDRESS (Include City/State/ZIP Code)			6. HOME PHONE NUMBER		WORK PHONE NUMBER
7. SEX	8. RACE	9. EYE COLOR	10. HAIR COLOR	11. HEIGHT	12. WEIGHT

Section 2. PLACE OF BIRTH

1. CITY	2. STATE (If applicable)	3. COUNTRY
4. U.S. CITIZEN? (If no, answer question 5)		5. LIST IMMIGRATION DOCUMENT TITLE, DOCUMENT NUMBER, AND EXPIRATION DATE (If applicable)

Section 3. WARNING: CONSENT TO SUBJECT SEARCH/SEIZURE, VEHICLE TOWING, REIMBURSEMENT, IMPOUNDMENT

By accepting this pass you give your consent to search of your vehicle while it is entering on, or leaving Fort Benning. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator.

Initial**Section 4: ATTESTATION**

I attest to the fact that I have been briefed by my sponsor and understand the purpose for the NCIC III check. I understand the information on this form is being collected in accordance with 50 U.S.C., Section 797, and DoD 5200.8, and federal laws. Permitting the installation commander to limit access to the installation for security reasons and that this data will be used to screen personnel who have or are seeking access to Fort Benning. I have voluntarily completed this form and shall provide the Army a specimen of my fingerprints, if/when requested. I understand (a) criminal offense(s) may be prosecuted in federal court. The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willfully false statement on this application can be punished by fine or imprisonment or both (18 U.S.C section 1001).

I understand approvals/denials take 3-5 working days.

Dates of visit requested:

Date of Request:

Return email address :

ACCESS DENIALS. If denied, you may appeal in writing to the Garrison Commander. If you appeal, you must provide a copy of supporting documentation (i.e. court minutes, expunged records, etc.) that may mitigate your security issues to the Visitor Center at Lindsey Parkway.

Section VI. PRIVACY ACT STATEMENT

Authority: 50 USC Section 797; E.O.9397

PRINCIPAL PURPOSE(S): The purpose for requesting personal information is to assist Access Control personnel in documenting visitors suitability for access to Fort Benning. Social security number and date of birth are necessary to identify the person and records. This information may be used to determine suitability of person desiring access to Fort Benning; as well as, for lawful purposes including law enforcement and litigation. This information will be used to generate state and federal criminal history records checks.

INTENDED USE: For all personnel who are not authorized a Common Access Card (CAC) or other federally authorized credential and require access to the installation for a special event and/or visit.

DISCLOSURE: Disclosure of requested information is voluntary; however, failure to provided information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the special event and/or visit.