Columbus AFB

AUTHORIZED FOR RELEASE OF INFORMATION

Company Name: ___________________________    Phone No: ___________________________

Address: ____________________________________________

FULL NAME (include middle/alias): ______________________________________________________________
SOCIAL SECURITY NO: _________________   GENDER: __________   DOB (mm/dd/yr): _____________
DRIVERS LICENSE NO:  _________________________   STATE: _________   EXP DATE:  ______________
HOME ADDRESS:  ___________________________________________    CITY: ______________________
STATE: ________________   ZIP CODE: _______________   HOME PHONE: _________________________
SPONSORSHIP AFFILIATION (i.e., son of DOD Contractor John Doe): _______________________________________

I authorize the use of and release of my personal information to Columbus AFB, Ms, to accomplish a Wants/Warrants, National Criminal Information Check (NCIC), Security Forces Management Information System (SFMIS) Background Check, to determine access to Columbus AFB in connection with proposed business. Badges are Government Property and I understand I will be held accountable for the badge. Once I am no longer entitled to enter Columbus AFB, I will return my badge. I hereby certify that the above information is true and correct to the best of my knowledge, which certifies the documentation provided to Security Forces is not fraudulent or fictitious.

___________________________________________             ____________________
SIGNATURE         DATE OF REQUEST
***************************************************************************
_______________________________________________________________________________________
Original documents must be brought with you to Pass and Registration when receiving your badge.

MUST BRING TWO FORMS OF IDENTIFICATION, ONE WITH PICTURE ID. (See FM I-9)
THE TWO COPIES OF IDENTIFICATION MUST BE GIVEN TO S5B BEFORE BADGE IS ISSUED

Notes: (1) Ensure individuals are briefed to bring their CURRENT documents to include registration, insurance, and driver’s license if they are going to be operating a vehicle on the installation. (2) Request forms are valid for 60 days after the request date. After the allotted time, request forms must be reaccomplished.
BADGE EXPIRATION DATE (Not to exceed 1 year): __________

TO BE COMPLETED BY S5B ONLY

DATE OF BACKGROUND CHECK: ___________________________ VERIFIED BY: ___________________________