

Columbus AFB

AUTHORIZATION 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:** _____