

Fill out all highlighted areas below

87 Security Forces Squadron, Joint Base McGuire-Dix-Lakehurst
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

FOR A NON-CRIMINAL PURPOSE
>(PLEASE PRINT ALL INFORMATION LEGIBLY) <

SECTION I. NAME AND ADDRESS

Last/Maiden, First, M.

Street Address:

City, State, Zip:

SECTION II. PERSONAL INFORMATION

Date of Birth (YYYYMMDD)	Sex	Race
	M / F	
Social Security Number	ID/License Number	Issuing State
Are you a US Citizen (Y/N) If "No" list Country of Citizenship	Non-U.S. Citizens: Passport or Alien Registration number	Phone Number
Y / N:		

SECTION III. SPONSORING COMPANY/CAC HOLDER

Military Sponsor and/or Company Name when unescorted:

I Acknowledge that I will not take any Photographs, record any Audio/Video, or possess any Weapons/ Controlled Substances during my visit to JBMDL. I understand that these actions are Strictly Prohibited & may result in Removal, Citation, or Denial of Future Access.

SECTION IV. PRIVACY ACT STATEMENT

AUTHORITY: 10.U.S.C 113 DOD SORN DMDC 10 DOD; 76FR 1819 and EO 9397

PRINCIPAL PURPOSE: To verify individual status and conduct any background checks to determine if access to Joint Base McGuire-Dix-Lakehurst (JB MDL) is warranted. **ROUTINE USE:** All information will be maintained in a central Security Forces database and may be disclosed for the following uses: Law Enforcement Routine Use, Congressional Inquiries Disclosure Routine Use, Disclosures Required by International Agreements Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use and Data Breach Remediation Purposes Routine Use. **DISCLOSURE:** Information collected on this form and your signature are voluntary. If you have no objection to these procedures fill out the form and sign your name. Failure to provide the requested information or a signature may lead to denial of access and privileges at JB MDL.

Signature:

BELOW THIS LINE IS FOR STAFF USE ONLY

Control Number:	Pass Expiration:
Operator:	Derogatory (Y/N):
	Date Conducted:

FOR STAFF USE ONLY

SPONSOR ORGANIZATION: (87 CONS/87CES/ETC) _____

GUEST'S COMPANY: (IF APPLICABLE) _____

EXPIRATION DATE: _____

DBIDS CATEGORY : _____

INSTALLATION ACCESS: M-D-L ☐ **MD ONLY** ☐ **LAKEHURST ONLY** ☐

SPONSORSHIP PRIVILEGES: YES ☐ **NO** ☐

ESCORT PRIVILEGES: YES ☐ **NO** ☐

DAYS OF ACCESS: (SUN-MON /MON-FRI/ETC) _____

TIMES OF ACCESS: (24 HOURS/0900-1700/ETC) _____

SPONSOR SSN/DOD ID: _____

SPONSOR NAME: _____

SPONSOR DUTY PHONE NUMBER: _____

IF SHORT TERM, WHERE IS THE GUEST HEADED (BLDG #/ADDRESS OF SPONSOR):

ADDITIONAL REMARKS/INSRUCTIONS: _____