ENTRY/EXIT AUTHORIZATION REQUEST
(Logistical Support)

Date:_____

Name of Sponsor:_____ Grade:_____ DoD ID #:_____

Organization:_____ Tel#:_____ /_____ Qtrs#:_____ RTD:_____
Work Home

Destination:_____ Duration of stay: _____
(Time & Date)

Lodging Place: _____

Purpose of Request:_____

PRINT NAME OF GUEST DOB/AGE	Nationality	PRESENT ADDRESS	SSN(last four), PASSPORT OR D/L#	VEH#