REQUEST AND RECORD OF IDENTIFICATION (Privacy Act Statement Shown Below)

PLEASE NOTE:	: This is the official GSA form to be used GSA-wide when requesting the Smart Card or (GSA Form 277, 0	SSA General
Employee Identific	fication.		

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LAST			FIRST	FIRST			MIDDLE INITIA	۹L			
SOCIAL SECURITY NUMBER DATE OF BIRTH (mo, day, y				no, day, yr)		ACCESS RESTRICTIONS (If applicable)					
POSITION TITLE						OFFICE SYMBOL					
DUTY STATION (City and State)					OFFICE TELEPHONE NUMBER (Include area code)						
BADGE COLOR CODING (Check one)						EXPIRATION DATE (If applicable)					
	BLUE	RED		1	WHITE		7				
	• •				REQU	JESTIN	IG OFFICIAL				
SIGNATURE DATE						TI	TLE				
NAME (Type or print)					TELEPHONE NUMBER (Include area code)						
			EMER	RGE	NCY CON	TACT	INFORMATIC	ON	(Optional)		
NAME								TE	ELEPHONE NUMBERS		
LAS	ST		FIRST				MIDDLE INITIAL	Н	ome area code	HOME NUMBER	
								O	FFICE AREA CODE	OFFICE NUMBER	OFFICE EXTENSION
		THIS S	ECTION TO B	BE (COMPLET	ED BY	THE ISSUIN	IG I	IDENTIFICATIO		1
		RAPH	ISSUE DATE				SSUING LOCAT		J		SERIAL NUMBER

	DATE OF PHOTOGRAPH	ISSUE DATE	ISSUING LOCATION	SERIAL NUMBER
Б П				
ISSU	NAME OF ISSUING AGENCY		TELEPHONE NUMBER (Include Area code)	L
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REMARKS

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, 5 U.S.C. § 552a et. seq., the following information is provided: Soliciation of the information is authorized by the Federal Property and Administrative Services Act of 1949, 40 U.S.C. § 47 et. seq., as amended, and 5 U.S.C. § 2101a et. seq.; E.O. 9397 (1943). Disclosure of information is voluntary. This form will be used as a means to prepare and issue a credential or pass. Information will be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions; or pursuant to a request by GSA or any other agency in connection with hiring or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit. If some or any part of the requested information is not provided by the individual, the effect will be that the employee will not be issued a credential and will not be allowed to enter a GSA-controlled building after normal working hours or when the building is under security.