NAVAL SUPPORT ACTIVITY ANNAPOLIS STAFF & FACULTY ID BADGE AND VEHICLE PASS DATA SHEET



This form is for use by Staff or Faculty members requesting or renewing an identification badge or vehicle pass for USNA/NSAA Complex access. TYPE or PRINT LEGIBLY and ensure all blocks are completed prior to submittal.									
	Last			First				MI	
Name									
	Street								
Home Address									
	City		С	County			State	Zip Code	
SSN			Da	Date of Birth (mm/dd/yyyy)					
Place of (City, Sta				Country of Citize	enship				
Work Phone			Home Phone			Cell Phone			
Grade/Ra	ank	Dept				Bldg			
Supervis	or Name			Supervi	sor Phone				
Privacy Act Statement									
Routine Uses: To provide a means of identification for civilian employees while on the USNA/NSAA complex. All information is retained within the NSAA Security Depertment and will be primarily used to verify individual identities and to locate individuals when necessary. It may on some occasions be released to other government or law enforcement agencies for official purposes only. Disclosure: Disclosure is voluntary, however failure to provide the requested information will result in being denied the intended services which could prevent admittance to the USNA/NSAA Complex, prevent admittance to designated secure areas, or be grounds for denial of privileges afforded to civilian employees.									
	Х	Employee Signature a	and Date	X .	X Supervisor or hiring authority Signature and Date (not required for renewals)				
Vehicle Information									
This section required only for application or renewal of vehicle pass/decal									
Yea	ar	Make		Model			Color		
11V	N				Registr	ation/Plate		State	
Driv	ver's Lice	nse	State	_					