

REQUEST FOR VISIT AUTHORIZATION LOGC SUPP to AR 389-5		DATE:		
TO:		FROM:		
Permission is requested for the following named employee(s) to visit your facility as described below:				
LINE NO.	NAME OF VISITOR	DATE AND PLACE OF BIRTH	SSN	CITIZENSHIP
1.				
2.				
3.				
4.				
5.				
6.				
CLASSIFICATION OF INFORMATION TO BE DISCUSSED AND PURPOSE OF VISIT:				
DATE(S) AND DURATION OF VISIT:				
<input type="text"/>				
TYPED NAME AND TITLE OF REQUESTING OFFICIAL			SIGNATURE	
TO BE COMPLETED BY SECURITY OFFICE				
LINE NO.	LEVEL OF CLEARANCE AND ISSUING AUTHORITY			DATE
1.				

2.		
3.		
4.		
5.		
6.		
Unless otherwise notified, the above visit will be considered approved.		
TYPED NAME AND TITTLE OF SECURITY OFFICER	SIGNATURE	DATE