

14. Have you been denied access by any other federal organization? (*please check one*)

Yes No

If yes, indicate the reason for the denial.

15. List all references that you would like the review officer to consider on your behalf. Include name, address, telephone number, and relationship:

VERIFICATION

State of _____)

County of _____)

Under the penalty of perjury, the undersigned has examined this request for review and to the best of my knowledge and belief, it is true, complete, and correct.

Your Signature

Your printed name

Date (*Month, Day, Year*)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this ____ day of _____, 20 ____.

Notary Public, Written Signature

ACCESS DENIAL WAIVER APPLICATION INSTRUCTIONS

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC 3331, 552, 552a; 10 USC 10204; Executive Orders (EO) 10450, 10865, and 12333.

PRINCIPAL PURPOSE: The information requested is for the purpose of granting access to the Fort Lee Installation.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for access to Fort Lee Installation. The Social Security Number (SSN), required for record accuracy, is requested pursuant to EO 9397.

DISCLOSURE: Providing requested information, to include your SSN is voluntary. However, your access may not be granted if all requested information is not provided. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in performance of their official duties. Deliver this document directly to the intended recipient. DO NOT drop off or send to a third-party. This document contains personal or privileged information and should be treated as "For Official Use Only (FOUO)".

Answer all questions fully.

BLOCK 5, Email address: is optional, must be provided if checked "yes"

BLOCK 9, indicate what unit/organization your employer is affiliated with.

Attach additional sheets if needed.

Label the top of each attached page "Access Denial Waiver Application for and your name

Label each answer to reflect area being answered. (i.e. Block 10 continued)

Label the bottom of each attached page "page # of #"

All supporting documents must be certified.

FORT LEE FORM 190-4, along with attached pages, must be notarized.

Send completed package by mail to:

Department of the Army
Dukes Welcome Center
ATTN: Dir. DES
500 Lee Ave
Ft. Lee VA, 23801

Or hand deliver completed package in a sealed envelope addressed as above to the Visitor Control Center.