

# FORT STEWART ACCESS DENIAL WAIVER APPLICATION

**PRIVACY ACT ADVISEMENT:** The information requested is for the purpose of granting access to the Fort Stewart Installation. Providing requested information, to include your social security number (SSN), is voluntary. However, your access may not be granted if all requested information is not provided. AUTHORITIES: Executive Orders (EO) 10450, 10865, and 12333. The SSN, required for record accuracy, is requested pursuant to EO 9397. . **I hereby authorize Fort Stewart Police Department to receive any Criminal History Record information pertaining to me which may be in files of any state or local criminal justice agency in Georgia.**

**WARNING: ANY MISREPRESENTATION OR OMISSION OF INFORMATION MAY RESULT IN DENIAL OF THE REQUEST**

<b>REQUEST FORM</b>			
Please type or print neatly; Attach additional sheets if necessary			
1. Name ( <i>First/Middle/Last</i> ) and Full Social Security Number			
2. Current Address ( <i>Number and Street, City, State, and ZIP Code</i> )			
3. Email address: Do you want your decision emailed back to you rather than mailed to you? <input type="checkbox"/> Yes			
4. Current Telephone Number Home ( ) _____ - _____ Work ( ) _____ - _____			
5. Reason for requesting access to Fort Stewart?			
6. What job has Fort Stewart offered you?			
7. Does your job require you to have a clearance?			
8. List Your <b>ENTIRE</b> Criminal History ( <i>except traffic and other infractions</i> ) as follows:			
CRIME FOR WHICH YOU WERE ARRESTED	CRIME FOR WHICH YOU WERE CONVICTED (OR INDICATE IF DISMISSED OR NULL PROS.)	NAME & ADDRESS OF COURT OR AGENCY	DISPOSITION (INCLUDE SENTENCE AND CONVICTION DATE)
9. Attach a copy of all court documents, certified by the Clerk of the Court, from all of your conviction(s).			
10. In your own words, explain the facts of each felony, and why you should be able to come on post. Attach additional sheets if necessary.			
11. Explain any circumstances that lessen the seriousness of the felony conviction(s) and show that you have been rehabilitated. Attach additional sheets if necessary.			

12. Have you been denied access by any other federal organization? <i>(please circle)</i>
Yes            No
If yes, indicate the reason for the denial.
13. 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