

FORT KNOX EXCHANGES AND COMMISSARY PERSONAL AGENT AUTHORIZATION

DATA REQUIRED BY THE PRIVACY ACT 1974

AUTHORITY: Enclosure 2, DoDI 1330.17, DoD Commissary Program, June 18, 2014 and Enclosure 6, DoDI 1330.21, Armed Services Exchange Regulations, July 14, 2005.

PURPOSE: To authorize a personal agent to assist or shop for a patron at the Fort Knox Exchanges and/or Commissary.

ROUTINE USE: Information contained on this form will only be released to individuals that verify eligibility, disability, and privileges.

DISCLOSURE: Voluntary; however failure to provide information may result in denial of authorization form.

PLEASE PRINT

SECTION I - PATRON INFORMATION

NAME (Last, First, MI):	DoD ID NUMBER:
PHONE NUMBER:	EMAIL ADDRESS:

SECTION II - PATRON PRIVILEGE VERIFICATION

(To be completed by a verifying official at the Fort Knox Installation ID Card facility)

1. Reason for authorization form (Check one):

<input type="checkbox"/> Minor Child
<input type="checkbox"/> Medical Condition: (Must have a physician verification completed (see Section III) before authorization is granted)
<input type="checkbox"/> Other Hardship: (Written explanation may be required)

2. I have verified through DEERS that the patron listed above is entitled to:

LIMITED/UNLIMITED ACCESS TO THE EXCHANGES	LIMITED/UNLIMITED/UNAUTHORIZED ACCESS TO THE COMMISSARY
NAME (Last, First, MI):	SIGNATURE: DATE:

SECTION III - PHYSICIAN VERIFICATION

(If applicable, must be completed by a licensed physician)

(Check one): Permanent Disability Temporary Disability (Ending date: _____)

I hereby verify that I am the patron's physician and he/she has a medical disability that severely prohibits him/her to shop on his/her own behalf.

NAME (Last, First, MI):	SIGNATURE:	DATE:
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STAMP AND LICENSE NUMBER:

SECTION IV - PERSONAL AGENT INFORMATION

NAME (Last, First, MI):	RELATIONSHIP TO PATRON:
PHONE NUMBER:	EMAIL ADDRESS:

I am the personal agent for the patron listed above. I understand that if the patron is a minor, I may not purchase alcohol and tobacco products. I may only purchase items limited to those that will be used exclusively by the patron and in accordance with the Exchanges and Commissary purchasing policies. I understand that I must present this original authorization form, the patron's identification card, and positive identification of myself when requested for purchasing items in the Exchanges and the Commissary. I understand that I am not authorized to shop for my own behalf and privileges may be withdrawn, if determined to be abused.

SIGNATURE:	DATE:
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SECTION V - GARRISON COMMANDER OR REPRESENTATIVE AUTHORIZATION

The aforementioned personal agent is authorized to purchase items for the eligible patron named above in accordance with the limitations in Section II and upon presenting this original authorization form, positive identification of self, and the patron's identification card. Privileges may be withdrawn if not in compliance.

EFFECTIVE DATE:	TERMINATION DATE:
NAME (Last, First, MI):	SIGNATURE: DATE: