

(This form is affected by the Privacy Act of 1974)

PRIVACY ACT STATEMENT

**(1) In accordance with USAKA/RTS Regulation 190-10 (Entry & Exit Control), I request the following named individual(s) be authorized to visit USAKA/RTS for the period of _____ to _____.
I certify that to the best of my knowledge, no medical problems exist that require extraordinary care and that the purpose of the visit is not for access to USAKA/RTS for medical services. I understand that pregnant visitor(s) who are within 2 months of expected delivery will not be allowed to visit USAKA/RTS. I understand that I am responsible for any medical bills, financial charges, and debts incurred by my visitor(s) while at USAKA/RTS. I understand that I must be present at USAKA/RTS during the entire time period that I am sponsoring the named individual(s).**