

VISITOR CONSENT AND INFORMATION AUTHORIZATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, U.S.C. 3013; E.O. 9397

PRINCIPAL PURPOSE: To provide information to officials of the Military Correctional Complex (MCC) responsible for monitoring/controlling visitor's status and to ensure positive identification of personnel authorized access to MCC Visitation areas.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) in accordance with the "Blanket Routine Uses" set forth at the beginning of the Army's compilation of system of record notices.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the denial of your visitation application.

Addressee:	Facility (USDB or JRCF):	Date:
Re: (Inmate's Name and Registration No.)		

I am requesting you be included among my approved visitors. In order to establish your suitability as a visitor, it may be necessary for institution officials to send an inquiry to an appropriate law enforcement or crime information agency to ascertain whether or not placing you on my visitors list would present a management program for the institution, or have other possible adverse effects. The information obtained shall be used to determine your acceptability as a visitor. The Military Correction Complex's authority to request background information on proposed visitors is contained in Title 18 U.S.C. § 4042.

In order for you to be considered for visiting privileges with me, it shall be necessary for you to fill out the questionnaire and release form below and return it to the address provided in the Welcome Letter.

You are not required to supply the information requested. However, if you do not furnish the information, the processing of your request shall be suspended, and you shall receive no further consideration. If you furnish only part of the information required, the processing of your request may be significantly delayed. If the information withheld is found to be essential to the processing of your request, you shall be informed, and your request shall receive no further consideration unless you supply the missing information. Although no penalties are authorized if you do not supply the information requested, failure to supply such information could result in your not being considered for admittance as a visitor. The criminal penalty for making false statements is a fine of not more than \$250,000 or imprisonment for not more than five years or both (see 18 U.S.C. § 1001).

1. Legal Name:		
2. Date of Birth:	Place of Birth:	
3. Address:		
4. Telephone Number:		
5. Gender:	MALE	FEMALE
6. Race:		
7. Driver License #:	State:	
8. Are you a U.S. Citizen?		
Yes. Provide your Social Security Number:		
No. Provide your Alien Registration Number:	Provide your Passport Number:	
9. Relationship to the inmate:		
10. Do you desire to visit the inmate?	Yes	No

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11. Did you know this person prior to incarceration? Yes No

If yes, indicate the length of time you have known this person and where the relationship developed:

12. Have you ever been convicted of a crime? If so, state the number, date, place, and nature of the conviction(s):

13. Are you presently on probation, parole, or any other type of supervision? If so, state the name of your supervising probation/parole officer and the address and telephone number where they can be contacted:

14. Do you correspond or visit with other inmates? If so, indicate the individual(s) and their location(s):

15. Remarks:

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize release to the Commandant for the USDB or the Commander for the JRCF or their designees any record of criminal offenses for which I have been arrested and/or convicted and any information related to those convictions.

Signature for Authorization to Release Information:

Printed Name:

Date:

If applicant is under 18 years of age, signature of parent or guardian indicates consent of minor to visit inmate.