

## VCC EVENT REQUEST FORM

<b>Date/Time of Event:</b>	
<b>Event Name:</b>	
<b>Location of Event:</b>	
<b>Event POC:</b> (Name, phone, email)	
<b>Sponsors Signature:</b>	

**Provide an alphabetical list of all adults that do not possess a valid federal government or locally issued ID. Juveniles under 18, Military, or DoD Civilians are not required to be listed. List must be in the requested format. Submit 10 working days prior to event, or we can not guarantee visitors will be vetted in time. Use continuation pages as necessary.**

#	Last Name	First Name	Middle Name	SSN	DOB	License number	License State
1							
2							
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**Data Required By the Privacy Act of 1974, Authority 5 U.S.C. 301, Dept., Regulations 10 U.S.C. 3013**

**Principal Purpose(s):** In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, this information contained therein may be disclosed outside DOD as a routine use pursuant to 5 U.S.C. 552a(b)(3), AR 340-21, Para 3-2

**Disclosure:** VOLUNTARY, individual may disclose his or her personal information; however, failure to provide your SSN and personal data may delay or preclude access to the installation. (Authorized under AR 190-45, AR 190-5, MDW requirements, and U.S.C. 3013)