



West Point Local Area Credential Application



Local Area Credential Requested: Alumni Guest Visitor Contractor Delivery

Administrative Data

Last Name: _____ First Name: _____ MI: _____

Gender: Male Female Date of Birth: _____ SSN: _____ - _____ - _____

Driver's License Number: _____ State: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Contractor/Sponsor Information

Project/Contract: _____

Employer: _____ Supervisor: _____

Sponsor Information: _____ COR: _____

COR Phone Number: _____ COR Email Address: _____

Criminal History

Have you been convicted of a crime in the past 10 years: Yes No Don't Know

If Yes, what type: Misdemeanor Felony Other Don't Know

If Yes, explain: _____

For Administrative Use Only

Received By: _____ Received Date: _____

NCIC Date: _____ NCIC Request #: _____ Badge Issued: Yes No

If No Why: _____

If Yes- Issue Date: _____ Expiration Date: _____ Badge #: _____

Privacy Act Statement Authority HSPD-12:

Principal Purpose: to record names, signatures and other identifiers for the purpose of validating the trustworthiness of individuals requisition access to West Point, New York. Records may be maintained in both electronic and paper form.

Routine Uses: None

Disclosure: Disclosure of the information is voluntary however, failure to provide any of the requested information may impede, delay or prevent further processing of this request.