

NROTC NSI GRADUATION GUEST SECURITY ACCESS FORM

THIS FORM MUST BE COMPLETED PRIOR TO YOUR ARRIVAL
BRING COMPLETED FORM WITH YOU ON ARRIVAL AT RECRUIT TRAINING COMMAND
ALONG WITH COPY OF CDC COVID IMMUNIZATION CARD FOR EACH GUEST OVER 12
NO CHANGES OR SUBSTITUTIONS ALLOWED AFTER YOUR ARRIVAL AT RTC!

(CANDIDATE'S NAME: LAST, FIRST, MIDDLE INITIAL)

Projected NROTC NSI Graduation Date:

ONLY FULLY IMMUNIZED GUESTS WILL BE ALLOWED ON BOARD FOR GRADUATION
(full vaccine plus at least 14 days for age 12 and older): NO EXEMPTIONS ALLOWED FOR ANY REASON

1. In preparation of your NROTC NSI graduation attendance, all visitors should be listed below. I understand that all U.S. Citizens/Resident Aliens listed will have a criminal background check. All Non-U.S. Citizens/Resident Aliens will be considered for installation access on a case-by-case basis. I shall NOT knowingly request access for individuals meeting any of the following restrictions, including:
- An outstanding warrant, current probation/parole or a registered sex offender,
 - Any narcotics related offense within the last 10 years, and/or
 - Any other serious offense.

2. I hereby request the following individuals to be granted access to Recruit Training Command (RTC) Great Lakes for the NROTC NSI graduation. I have ensured full complete all blocks, providing all requested information in order to conduct a background check. All guests are expected to provide COVID Vaccination Card and proper photo ID when picking-up tickets.

PRINT OR TYPE ONLY (MUST BE LEGIBLE OR ACCESS WILL BE DENIED)

1	LAST NAME	FIRST NAME	MI	PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	DOB (MM/DD/YY)
	EMAIL ADDRESS				
2	LAST NAME	FIRST NAME	MI	PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	DOB (MM/DD/YY)
	EMAIL ADDRESS				
3	LAST NAME	FIRST NAME	MI	PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	DOB (MM/DD/YY)
	EMAIL ADDRESS				
4	LAST NAME	FIRST NAME	MI	PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	DOB (MM/DD/YY)
	EMAIL ADDRESS				

INDIVIDUALS NOT LISTED ON THIS FORM WILL NOT BE GRANTED ACCESS!

3. It is my responsibility to notify my guests of any changes in my training status. I will recommend that they purchase refundable/transferrable tickets. I will also inform all guests that they are required to maintain their valid photo ID and Pass at all times. I will only notify the above listed people if there is an issue with their access. No confirmation will be provided by any staff member of RTC Great Lakes.

X _____

Your Candidate's Signature

For Official Use Only – Privacy Sensitive.

The content and enclosure herein contains privileged information and should be treated as "For Official Use Only."
 Unauthorized disclosure of this information may result in CIVIL and CRIMINAL penalties.