

**APPLICATION FOR ASSOCIATION OF GRADUATES
INSTALLATION ACCESS BADGE**

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1975)

AUTHORITY: Title 10, United States Code 8012

PRINCIPAL PURPOSE: To assist security personnel in establishing a fitness determination through the identity proofing and vetting (background check) process.

INTENDED USE: To be utilized by personnel requesting to obtain an Association of Graduates (AOG) installation access badge for unescorted access to the United States Air Force Academy (USAFA).

DISCLOSURE: Disclosure of requested information is voluntary; however, failure to provide information may result in denial of request or the refusal by the 10th Security Forces Squadron, Pass and Registration Center (10 SFS/S5B) to permit issuance of an installation access badge. By signing this application, the applicant understands if they lose their installation access badge, they will report the loss immediately to the AOG and the Base Defense Operations Center (BDOC) Controller, 333-2000.

I. APPLICANT INFORMATION:

A. LEGAL NAME <i>(Last, First MI)</i>	B. DATE OF BIRTH	C. AOG ID # Graduate Alum Non-Graduate Alum
D. DRIVERS LICENSE NUMBER	E. ISSUING STATE	F. CLASS YEAR
G. E-MAIL ADDRESS	H. CONTACT NUMBER	

II. ACKNOWLEDGEMENT: *I do not possess a Department of Defense (DoD) issued identification and I am an affiliated graduate/non-graduate alumni of the Air Force Academy. I understand if I lose my installation access badge, I will report it immediately to the AOG and BDOC. I understand I must adhere to the requirements established in USAFAI 31-113, USAFA Installation Access Procedures. I consent to a National Crimes Information Center (NCIC)/Colorado Crimes Information System (CCIS) background check.*

APPLICANT SIGNATURE

III. THIS IS TO CERTIFY: *I have verified the applicant's eligibility and the applicant is authorized access as requested.*

A. AOG CLERK FULL NAME <i>(Last, First MI)</i>	B. BADGE NUMBER
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SIGNATURE

IV. 10 SFS/S5B VETTING: *(circle one)*

APPROVED / DISAPPROVED

10 SFS/S5B CLERK FULL NAME <i>(Last, First MI)</i>	SIGNATURE
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V. AOG ISSUE AUTHORITY: *(to be completed upon issue)*

A. DATE/TIME ISSUED	B. DATE/TIME EXPIRES <i>(not to exceed 4 years)</i>
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C. SIGNATURE