

**NAS CORPUS CHRISTI  
GUEST SPONSORSHIP REQUEST**

PLEASE CHECK THE APPROPRIATE BOXES TO INDICATE YOUR AFFILIATION TO THE BASE	ACTIVE	RESERVE	DEPENDENT	RETIRED	CIVILIAN	
SPONSOR: LAST NAME, FIRST NAME M						

TO: SECURITY OFFICER, NASCC	DATES OF EVENT		HOME NUMBER
TYPE OF FUNCTION:	HOURS OF EVENT		
			CELL NUMBER
LOCATION	NUMBER OF GUESTS		
			WORK NUMBER:

NAME	FULL SSN #	DRIVER LICENSE & STATE OF LICENSE	DATE OF BIRTH	HOME/CELL PHONE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Guest sponsors are responsible for any abuse that may arise from the guest's use of their credentials to access this installation. You should feel confident that a guest will honor and use this privilege in a responsible manner. Please take the time to communicate all of the policies that you observe while on this installation with each guest. Please be advised that your guest sponsorship privileges can be revoked if a guest is found in violation of base policies or federal statutes.

Sponsor's Signature X \_\_\_\_\_

**SIGNATURE OF APPROVAL: MA1(EXW/SW) John Hoffmann**

**BY DIRECTION OF SECURITY OFFICER**

X \_\_\_\_\_

**DATE:**

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE - Any misuse or unauthorized disclosure can result in both civil and criminal penalties. PRIVACY ACT STATEMENT  
AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act. PRINCIPAL PURPOSE: To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of  
Individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records will be maintained in paper form. ROUTINE USES: None.  
DISCLOSURE : Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.