## FOR OFFICIAL USE ONLY//LAW ENFORCEMENT SENSITIVE WHEN FILLED IN

## FOREIGN NATIONAL SPONSORSHIP WORKSHEET

Sponsoring a foreign national visitor onto to Eielson AFB requires prior approval and coordination. CAC holding sponsors must provide the below information and return this form to the Visitor Control Center (VCC), Bldg 1099 for routing NLT ten (10) days prior to visitor arrival. As your visit approaches, contact the VCC at 377-3807 to ensure paperwork has been processed.

SPONSOR INFORM	MATION	-									
Last Name		First Nan	First Name		Middle Name			Grade/Rank/Service			
SSAN	DOB		Age		POB (Ci	ty)	POB (Sta	B (State/Country)		POB (Zip Code)	
Sex	Race		Height		Weight		Hair			Eyes	
Home Street Address Cir		City		State	Zip Co		de I		Hom	Home/Cell phone	
Citizenship	Supervisor if		Spouse Name		Spouse Military		Service		1	Alias/Nickname/A	
	Military									ecent	

FOREIGN NATIONAL		Dates of Visit					
Last Name		First Name		Middle Name		Citizenship	
Citizenship number	DOB		Age	POB (City)	POB (Country)		Alias/Nickname/Ac cent
Sex	Race		Height	Weight	Hair		Eyes
Scars/Marks/Tattoos		Strong Hand L or R		Passport Number		Cellular Telephone	
Home Street Address		City		Country		ome Telephone	

The above mentioned individual is **granted/not granted** access to the installation for the duration of the visit.

Flight Sergeant, 354 Security Forces Squadron

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Privacy Act of 1974 as amended applies