

Request for Visit Authorization to the Information Institute Workshop

Your Facility Security Officer (FSO) or a representative from your University Human Resources Department must verify citizenship. Please have your representative sign were indicated below.

Person (s) Attending

Name: _____

Name: _____

Name: _____

Name: _____

Organization _____

Address _____

City, State, ZIP _____

Citizenship Verified by:

FSO or HR Rep Type or Print Name:	
Phone:	
Signature	

Please fax this to:

Cindy Cooley, AFRL/IFB
26 Electronic Parkway
Rome, NY 13441-4514
Tel: 315-330-1471
Fax: 315-330-1725