

# DLA INSTALLATION MANAGEMENT – OPERATIONS SUSQUEHANNA MWR SUSQUEHANNA

## Fitness Center, Swimming Pool, and Riverview Golf Course Badge Request Form

Printed Full Name: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_

Birth Place (City, State, Country): \_\_\_\_\_

Emergency Remarks (Health Problems, Medications, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Sex:  Male  Female

Height in Inches: \_\_\_\_\_ Weight in Pounds: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Sponsor's Work Number: \_\_\_\_\_

Sponsor's Work Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

### MWR Employees Only

Fitness Center  Swimming Pool  Riverview Golf Course

Employees Initials (Please Print): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Expected Date of Arrival: \_\_\_\_\_

#### Privacy Act Statement

**AUTHORITY:** The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by the authority such number is solicited and what uses will be made of the information.

**PRINCIPAL PURPOSE:** Information you provide is used to verify your identity for the purpose of issuing a DLA Distribution Susquehanna, PA, DLA INSTALLATION MANAGEMENT – OPERATIONS SUSQUEHANNA, Family and Morale Welfare Recreation (MWR) Access Badge. IAW DLAI 5710.1, Defense Logistics Agency installations are classified as "closed installations" and require the use of Access Identification Badges, or other federal identification, for installation entry.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary. However, if you fail to provide information, DLA INSTALLATION MANAGEMENT – OPERATIONS SUSQUEHANNA will be unable to verify your identity and will be unable to furnish you at this time an Access Identification Badge.

#### Affiliation – Check Affiliation that Applies:

- Disabled Veteran  
 DoD Federal Employee/Spouse/Family Member (Children to Age 22 Years)  
 Retired DoD Employee/Spouse/Family Member (Children to Age 22 Years)  
 Federal Police/Fire/Spouse/Family Member (Children to Age 22 Years)

\* **MWR Badge must be renewed annually based on badge expiration date.**

\* **Proper identification must be shown for children requesting MWR badge.**

FMWR Chief Approval: \_\_\_\_\_ Date: \_\_\_\_\_