

(This form must be completed and submitted with all applications of individuals who do not have authorized access to Holloman)

**CONSENT TO CONDUCT FINGERPRINT AND/OR
BACKGROUND CHECKS FOR ACCESS TO
HOLLOMAN AFB, NEW MEXICO**

I, _____,
(Name-Printed)

Hereby authorize the U. S. Government (Air Force) to conduct fingerprint and/or additional background checks confirming my eligibility or ineligibility to gain access to Holloman Air Force Base, New Mexico.

Examples of conditions that may identify ineligibility to access the installation include, but are not limited to, substantiated misconduct, conviction or arrests for violent behavior, dishonesty, sexually aberrant behavior, warrants for arrest, open investigations, or felony charges.

I do so with full knowledge that this information is confidential and as such protected from unauthorized disclosure by the Privacy Act of 1974, as amended.

It is also my understanding that any information provided shall be treated confidentially and be used solely to determine whether I am eligible to access this installation.

PRINT NAME:

SIGNATURE:

SSAN:

DATE: