REQUEST FOR TEMPORARY BADGE  
(Unescorted Access)

Date_____________________

For unescorted access to the Center and to comply with the requirement that all employees and visitors must display a NASA or GSFC badge while on the Center, I request a temporary badge be issued to the individual(s) named on this request. The temporary badge is requested for the purpose stated below (include building and room number(s) to be visited, and whether the individual(s) will require after-hours (6:00 p.m. to 6:00 a.m.) access. [Note: After-hours access requires approval at certain management levels; see approval criteria under Vouching Policy and Procedures located on the GSFC Internal Home Page].

[Note: This form is designed for a limited number of names; additional names and other required information may be included on an attached sheet of paper. Any continuation page(s) must include the same visitor information and the name and phone number of the requestor].

Visitor Name (Last, First, MI)                          Company/Organization                        Date(s) of Visit

I understand that:
1. Each cited individual is a U.S. citizen. [NOTE: This form may not be used for visits by foreign nationals, including Permanent Resident Aliens (i.e., individuals possessing green cards). Visits for foreign nationals must be arranged through the International Visit Coordinator];
2. The badge will be valid ONLY during the hours specified and for the stated purpose;
3. I am responsible for the actions of each visitor while he/she is on the Center;
4. By signing below I certify that I have read and understand responsibilities of both a sponsor and a visitor and that failure by me or the visitor to follow those responsibilities may result in termination of my sponsor privileges and possible disciplinary action. [Note: Sponsor and Visitor Responsibilities are located on the GSFC Internal Home Page].

Requestor Name (Print) _____________________________Requestor Signature________________________

Code/Employer or Club Name__________________________________Building______Room_____________
Telephone No._________________________E-mail Address_________________________________________

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If required by approval criteria established in Vouching Policy and Procedures:

Approval Official Name (Print)_______________________Approval Official Signature__________________
Telephone No.________________________ Email Address__________________________________________

For GSFC Security Office (GSO) Use Only

______APPROVED      ______DENIED*  

GSO Representative Name and Signature ___________________________________ Date

*Reason request denied _________________________________________________________