

VISIT REQUEST

PRIVACY ACT STATEMENT ON REVERSE

CHECK ONE

VISITOR CLEARANCE DATA

OPNAV 5521/27 (REV. 1-75) S/N 0107 - LF - 055 - 2235

REPLY REQUIRED

REPLY ONLY IF NEGATIVE

(SEE CURRENT EDITION OF OPNAVINST. 5510.1 FOR DETAILED INSTRUCTIONS)

FROM (COMPLETE ADDRESS OF REQUESTING ACTIVITY)

DATE OF REQUEST

SPECIFIC PERSONNEL OR SECTION OF COMMAND TO BE VISITED

FOLD ON THIS LINE

DURATION OF VISIT (ARRIVE)

(DEPART)

DEGREE OF ACCESS REQUIRED

PURPOSE OF VISIT/REMARKS (IF THE VISIT IS TO A CONTRACTOR FACILITY, INCLUDE CONTRACT NUMBER IF APPROPRIATE)

NAME, RANK, TITLE OR POSITION. SOCIAL SECURITY NO.	DATE AND PLACE OF BIRTH	NATIONALITY (CHECK ONE)		LEVEL OF SECURITY CLEARANCE
		U.S. CITIZEN	IMMIGRANT ALIEN	
		U.S. CITIZEN		
		IMMIGRANT ALIEN		
		U.S. CITIZEN		
		IMMIGRANT ALIEN		
		U.S. CITIZEN		
		IMMIGRANT ALIEN		
		U.S. CITIZEN		
		IMMIGRANT ALIEN		
		U.S. CITIZEN		
		IMMIGRANT ALIEN		

NAME, RANK AND TITLE OF OFFICIAL AUTHORIZING VISIT AND CLEARANCE

SIGNATURE

COPY TO: