



## Advance Accompanied Visitor Pass (AAVP) Request Form

First Name

Middle Name

Last Name

Date of Birth

Place of Birth

Citizenship

Gender

Visit Start Date

Days of Visitation

Place of Visitation

Reason for Visit

### Notice to Visitor of Background Screening

For NIH security purposes, your name (the visitor) will be checked against the National Crime Information Center and/or other databases prior to the issuance of a Special Guest affiliate ID card. This may result in the information known regarding prior arrests, outstanding warrants, criminal convictions or inclusion on the FBI watch list which may result not only in the denial of an ID, but possible legal action and/or arrest, if warranted.

### You **MUST** select one of the items below in order to continue:

I have read the above to my visitor and he/she agrees to the personnel security check

My visitor is currently next to me and has read the above and agrees to the personnel security check

