



# National Institutes of Health Division of Police

## Accompanied Child Visitor Pass

**Date of Visit:** \_\_\_\_\_

**Full Name of Child/Children:**

1. \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

2. \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

3. \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Parent/Legal Guardian's NIH Employee Badge #:** \_\_\_\_\_

**Building of Visit:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

Privacy Act Notification: Collection of this information is authorized under 5 U.S.C. 301 and 302, 40 U.S.C. 121(d), 1315 Delegation of Authority, 33 FR 604 (January 17, 1968); 42 U.S.C 216; 44 U.S.C. 3101 and 3102, and 45 CFR Part 3. The primary use of this information is to allow children of NIH employees/contractors access to the National Institutes of Health facilities. For NIH security and safety purposes, the child/children and parent/guardian name will be kept in a secure database for a period of no longer than two years. Submission of this information is voluntary; however, in order for the NIH Police to allow access for the listed child/children you must complete all fields as requested. Failure to provide this information will require the child/children to obtain a visitor's ID at the Gateway Center. This information may be disclosed to law enforcement and/or other personnel to use in their official capacity on a need to know basis.