



DEPARTMENT OF HEALTH & HUMAN SERVICES

National Institutes of Health
Office of Research Services
Division of Personnel Security and Access Control

Division of Personnel Security and Access Control

31 Center Drive
Bethesda, MD 20892
301-451-9381



Visit Authorization Worksheet

If you are plan on attending a secure meeting or facility, please make sure to read through this page and submit all of the required information.

Required Employee Information:

- Full legal name (Last, First, Middle): _____
- Position/Title: _____
- NED ID **: _____

** = NED ID# will be used to securely obtain the cleared employees personally identifiable information (PII)

Required Visiting Agency/Meeting Details:

- Agency/Facility/Organization being visited: _____
- Security Office Point of Contact (POC): _____
- Security Office POC: Telephone #: : _____ Fax #: : _____
- Date & Duration of initial visit: From: _____ To: _____
- Level of Clearance required for meeting: _____
- Specific purpose of visit: _____
- Is a 1yr perm-cert required? _____
- Technical Point of Contact (POC): _____
- Technical POC : Telephone #: _____ Fax #: _____

RETURN THIS FORM TO THE NIH PERSONNEL SECURITY OFFICE:

ATTN: _____ EMAIL: _____ FAX: _____