

UNITED STATES ARMY STUDENT DETACHMENT

READ ON AND/OR VISIT REQUEST

1. NAME:

2. RANK:

3. SOCIAL SECURITY NUMBER:

4. DATE AND PLACE OF BIRTH:

5. CURRENT LOCATION:

6. TYPE OF REQUEST

a. VISIT REQUEST:

(1) LOCATION OF VISIT:

(2) SMO CODE OF LOCATION VISITING:

(3) PURPOSE OF VISIT(Meeting, Training, Consultation, Detail):

(4) POINT OF CONTACT/SPONSOR (Include telephone number and office):

(5) LENGTH OF VISIT(Please include a beginning and ending date):

(6) LEVEL OF ACCESS FOR VISIT (Secret or Top Secret):

b. INDOC REQUEST:

(1) LEVEL OF ACCESS REQUESTING:

(2) JUSTIFICATION FOR INDOC:

(3) CLOSEST MILITARY LOCATION & SMO CODE FOR INDOC

ASSISTANCE:

(4) Verifying official for SCI indoctrination:

Name:

Phone number:

Email address:

Signature: _____ **Date:** _____