

|  |      |   |                        |                           |
|--|------|---|------------------------|---------------------------|
| <b>AUTHORITY:</b> AFI 36-3026 & AFI 34-211; DoD Instruction 1330.17& 1330.21   |      |   |                        |                           |
| <b>PRINCIPAL PURPOSE:</b> Used for requesting and issuing Agent/Assistance Letters for authorized patrons with unlimited access to Exchange and DeCA facilities in extreme hardship cases, when no adult member is capable of shopping due to injury, illness, incapacitated or stationed away from their household. |      |   |                        |                           |
| <b>MILITARY MEMBER/DEPENDANT (PRINT ALL INFORMATION)</b>   |      |   |                        |                           |
|  |      |   |                        |                           |
| <b>SPONSOR:</b> (print full name)  |      | <b>FULL SSN</b>                             |                        | <b>RANK/PAY GRADE</b>     |
|  |      |   |                        |                           |
| <b>BRANCH OF SERVICE</b>   |      | <b>ID CARD EXPIRATION DATE</b>              |                        | <b>Date of Separation</b> |
|  |      |   |                        |                           |
| <b>Duty Station/Residential Address</b>  |      | Circle all that apply:                      |                        |                           |
|  |      | Active Duty    ANG    RES    Retired    Civ |                        |                           |
|  |      | Other: (specify) _____                      |                        |                           |
|  |      | Primary                                     |                        | Alternate                 |
| <b>PHONE NUMBER:</b>   |      |   |                        |                           |
| <b>EMAIL ADDRESS:</b>  |      |   |                        |                           |
| <b>REASON FOR REQUEST:</b>   |      |   |                        |                           |
|  |      |   |                        |                           |
| <b>DEPENDANTS</b>  |      |   |                        |                           |
|  | NAME | AGE   | DOB                    | Address                   |
| 1  |      |   |                        |                           |
| 2  |      |   |                        |                           |
| 3  |      |   |                        |                           |
| 4  |      |   |                        |                           |
| 5  |      |   |                        |                           |
| <b>AGENT/ASSISTANT INFORMATION: (please print and fill in all information)</b>   |      |   |                        |                           |
| <b>NAME:</b> (full name)   |      | <b>FULL SSN</b>                             |                        | <b>Date Of Birth</b>      |
|  |      |   |                        |                           |
| <b>Drivers Licenses Number</b>   |      | Primary                                     |                        | Alternate                 |
|  |      | Home  | Work                   | Cell                      |
| <b>PHONE NUMBER:</b>   |      |   |                        |                           |
| <b>EMAIL ADDRESS:</b>  |      |   |                        |                           |
| <b>MAILING ADDRESS:</b>  |      |   |                        |                           |
|  |      |   |                        |                           |
| <b>Read/Sign</b>   |      |   |                        |                           |
| By signing this form I consent to the 36 Security Forces and grant permission to complete background history check on me to ensure that I am favorable for escorted and/or unescorted access Andersen AFB.   |      |   |                        |                           |
| <b>Sponsor Signature</b>   |      | <b>Date</b>                                 | <b>Agent Signature</b> | <b>Date</b>               |
|  |      |   |                        |                           |