

AUTHORITY: AFI 36-3026 & AFI 34-211; DoD Instruction 1330.17& 1330.21**PRINCIPAL PURPOSE:** 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.**MILITARY MEMBER/DEPENDANT (PRINT ALL INFORMATION)**

SPONSOR: (print full name)	FULL SSN	RANK/PAY GRADE
BRANCH OF SERVICE	ID CARD EXPIRATION DATE	Date of Separation
Duty Station/Residential Address	Circle all that apply:	
	Active Duty	ANG RES Retired Civ
	Other: (specify)	
	Primary	Alternate
PHONE NUMBER:		
EMAIL ADDRESS:		

REASON FOR REQUEST:

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DEPENDANTS

	NAME	AGE	DOB	SSN#	Address
1					
2					
3					
4					
5					

AGENT/ASSISTANT INFORMATION: (please print and fill in all information)

NAME: (full name)	FULL SSN	Date Of Birth
Drivers Licenses Number	Primary	Alternate
	Home	Cell Work, ect.
PHONE NUMBER:		
EMAIL ADDRESS:		
MAILING ADDRESS:		Physical Address

Read/Sign

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.

Sponsor Signature	Date	Agent Signature	Date