

GSA Agent Authorization Letter

Name of Requestor: _____ GSA Organization: _____

Date of Request: _____ Requestor's Phone Number: _____

Name of Supervisor Authorizing Action: _____

Supervisor's Signature: _____

**Please complete the information below in its entirety.
Failure to complete all information may result in processing delays.**

Name of Individual who need VAL/VAR passed: _____

E-Mail Address: _____ SSN (Last 4 Digits): _____

Date of Birth (DOB): _____ Place of Birth (POB): _____

Visiting Agency: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Dates of Visit: From: _____ To: _____

Purpose of Visit: _____

Clearance Level Required (if applicable): ☐ Secret ☐ Top Secret ☐ TS/SCI

Visiting Agency POC:

First Name: _____ Last Name: _____

Visiting Agency Phone Number: _____

Visiting Agency Security Office:

Visiting Agency Security Office Phone Number: _____

Visiting Agency Security Office E-Mail Address or Fax Number: _____

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires Federal agencies inform individuals at the time information is solicited, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN is needed to keep records accurate because other people many have the same name and birth date. Your SSN will be used to identify you precisely when it is necessary to certify that you have access as indicated above. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such clearance verifications and passing.