General Services Administration
Washington, DC 20405

MEMORANDUM FOR

FROM:

SUBJECT: Request for visit approval

1. The following GSA employee(s) will visit your facility as indicated.

NAME (Include SSN, Date and Place of Birth)	CITIZENSHIP	CLEARANCE	DATE	BASIS

FACILITY TO BE VISITED

DURATION OF VISIT

PURPOSE OF VISIT

PERSON(S) TO BE CONTACTED

2. Approval is assumed in the absence of contrary advice.

NOTE: This documentary evidence of security clearance is valid only for the purpose and date set forth above. Each person named above has been issued identifying credentials.