



# Parents of Cadets

## Application for USMA Local Area Credential (LAC)

**ONLY COMPLETE THIS FORM IF YOU DO NOT HAVE A DOD ID CARD**



**PRIVACY ACT STATEMENT:** Authority: CFR 293.104, AR 600-8-14, 29 July 1999. Purpose: To obtain data for issuance of Security Identification Cards and badges used in controlling access to Army installations and activities. Routine Use. The USMA Civilian Identification Card will be used by USMA civilian employees entering installations, activities, or restricted areas as determined by the Commander concerned. Disclosure of SSN is mandatory.

**WARNING:** This identification card is property of West Point. It is a controlled and accountable document. It must be turned in if you leave or the card expires. It must be reported if this card is lost or stolen.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Drivers License State: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Have you ever been CONVICTED of a Felony Offense: Yes/NO

If Yes, What and Date of Conviction: \_\_\_\_\_

Cadet Name: \_\_\_\_\_ Cadet Company: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

TAC OIC/NCOIC: \_\_\_\_\_ TAC OIC/NCOIC Phone: \_\_\_\_\_

**ADMINISTRATIVE ONLY (DO NOT WRITE BELOW THIS LINE)**

Received By: \_\_\_\_\_ Received Date: \_\_\_\_\_ Background Request Number: \_\_\_\_\_

Approved By: \_\_\_\_\_ Approved Date: \_\_\_\_\_ Issued Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Badge Number: \_\_\_\_\_

MAIL FORM TO: Directorate of Emergency Services or FAX: (845)938-7083  
ATTN: Christopher Shaw  
684 Eichelberger Rd  
West Point, NY 10996