



West Point Local Area Credential Application



Local Area Credential Requested: ☐ Alumni ☐ Guest ☐ Visitor ☐ Relative ☐ Delivery

Administrative Data

Last Name: _____ First Name: _____ MI: _____
Gender: ☐ Male ☐ Female Date of Birth: _____ SSN: _____ - _____ - _____
Driver's License Number: _____ State: _____
Current Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Contractor/Sponsor Information

Project/Contract: _____
Employer: _____ Supervisor: _____
Sponsor Information: _____ COR: _____
COR Phone Number: _____ COR Email Address: _____

Criminal History

Have you been convicted of a crime in the past 10 years: ☐ Yes ☐ No ☐ Don't Know
If Yes, what type: ☐ Misdemeanor ☐ Felony ☐ Other ☐ Don't Know
If Yes, explain: _____

For Administrative Use Only

Received By: _____ Received Date: _____
NCIC Date: _____ NCIC Request #: _____ Badge Issued: ☐ Yes ☐ No
If No Why: _____
If Yes- Issue Date: _____ Expiration Date: _____ Badge #: _____

Relatives other than parents attending cadet related events -
please send completed form via email to wpparents@westpoint.edu or via mail to
West Point Public Affairs Office, Attn: Parent Communications Taylor Hall
646 Swift Road, West Point, NY 10996
Privacy Act Statement Authority HSPD-12:

Principal Purpose: to record names, signatures and other identifiers for the purpose of validating the trustworthiness of individuals requisition access to West Point, New York. Records may be maintained in both electronic and paper form.

Routine Uses: None

Disclosure: Disclosure of the information is voluntary however, failure to provide any of the requested information may impede, delay or prevent further processing of this request.