



## BONA FIDE GUEST REQUEST

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Rank: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Unit/Duty Number: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_

1. I, request an exception to policy to allow my guest or guest(s), to reside at my assigned home located at \_\_\_\_\_ from (date) \_\_\_\_\_ until (date) \_\_\_\_\_.
2. My guest will be residing with me because (provide explanation):
  
3. If exception to policy is requested for more than one guest, explain:
  
4. My guest is named in my Family Care Plan  Yes  No. (If yes, attach supporting document).
5. I  will  will not reside in the home during the period of time requested. If Sponsor **will not** reside attach supporting document such as orders.
6. Guest or guest(s) are Military ID Cardholders,  Yes  No. If yes, name/rank/duty station of guest's Sponsor and supporting documents (orders) and copies of ID cards must be attached.
7. I understand that if this exception to policy is approved, then it is no guarantee that my guests will become ID cardholders, or will receive base/ID cardholder privileges, nor is it a guarantee that a guest's child will be allowed to attend on-base schools.
8. I accept full responsibility for my guest(s) at all times.

Guest Name (print)	Age:	Signature:
Guest Name (print)	Age:	Signature:
Guest Name (print)	Age:	Signature:

9. I understand that I must re-submit an exception to policy to request that my guest stay past the above designated ending date if this exception to policy is approved.

Bona Fide Guest request is approved NTE:

\_\_\_\_\_  
 (Service Member Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Pinnacle Official Signature)

\_\_\_\_\_  
 (Date)

Permission granted by your Command, Director, or First Sergeant:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed name

Date: \_\_\_\_\_