

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

DATE(S): _____

PASS NUMBER: _____

ISSUED TO: _____

**TEMPORARY
VISITOR PASS**

**Pass must be displayed upon
entering NNMC Base**

**Faxed copy may be
confiscated at the gate**

USU Sponsor: _____

Sponsor Phone: _____

Visitor Control Officer Signature
Verification: 301-295-3038