

United States Department of State
PRE-ADMITTANCE AUTHORIZATION FORM

Please Type or Print

Parts I, II, and III - To be completed only by persons with a State building pass granting escort authority
Date Expected: _____ Time Expected: _____

Part I: Visitor Information

Name: _____
(Last) (First) (MI)
Date of Birth: _____
Month Day Year
Social Security No.: _____
or
Passport No.: _____
Citizenship: _____

Part II: Meeting Information

Name of Meeting: _____
Sponsor (Name): _____
Location (Room No.): _____

Part III: Authorization Information

Name: _____
Bureau: _____
Room No. _____ Building: _____
Telephone: _____ DOS Pass No.: _____

Part IV - To be completed by receptionist only

Type of ID: _____ Visitor Pass Number: _____
Number of ID: _____ Time Issued: _____
Issued by: _____

NOTICE: All of the above information is required. Please inform guest(s) to report to the Reserved Clearance Receptionist at C street. All guests must present a valid photographic identification.
FORM DS-1867 (09/95)

SENSITIVE BUT UNCLASSIFIED