

# VIP Guest Visitor Pass Request Form

Please complete this form to request a VIP Visitor Pass. This document is formatted for printing and physical archiving.

## Host Information (Sponsor)

Host Full Name:

Host Department:

Host Contact Number:

## VIP Guest Information

Guest Title (e.g., Dr., Executive, VIP):

Guest Full Name:

Guest Organization / Affiliation:

## Visit Details

Date of Visit (MM/DD/YYYY):

Estimated Arrival Time:

Estimated Departure Time:

Purpose of Visit:

Requested Areas of Access:

Special Accommodations or Requirements:

## Security & Authorization

For Security Office use and physical sign-off upon printing:

Authorized Security Officer Name:

Pass Issue Date:

Assigned Pass Serial Number:

Authorized Signature (Sign here after printing):