

**Annex A (Educational Institution Request for Access to Army Installation/Activity)  
to OPORD 15-014: Access to Army Installations by Educational Institutions (U)**

**Educational Institution Request for Access to Army Installation/Activity**

This form will be used by educational institutions to request access to Army Installations and to track/monitor access, when granted. The information provided on this form will be used to review and analyze requests for access by educational institutions. Once approved by the Installation Education Advisor, this form also serves as official notification of approval or denial of access.

Providing this information is voluntary, however failure to do so will result in denial of access to the installation or activity.

This form will be retained on file at the approving Installation for two years from the date of visit.

**Section I**

Installation: \_\_\_\_\_

Institution Name: \_\_\_\_\_

\_\_\_\_\_ This institution **is not** in a probationary status. \_\_\_\_\_ This institution **is** in a probationary status. (Choose statement)

Requested Access Date and Time: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_ Counseling \_\_\_\_\_ Education or Career Fair \_\_\_\_\_ Other (Choose selection)

Specify Purpose if "Other" is Selected \_\_\_\_\_

If approved for Counseling, that will be provided by: \_\_\_\_\_ Appointment \_\_\_\_\_ Walk-in basis \_\_\_\_\_ Other

If approved for Counseling, how will students be informed of the date and time?  
\_\_\_\_\_

Names and Titles of Visiting Representatives \_\_\_\_\_

**Section II**

By submitting this form, the above referenced Educational Institution agrees to:

1. Adhere to federal law, DoDI 1322.25, DoDI 1344.07, and Army policies and regulations.
2. Comply with all Installation/Activity policies and procedures including, but not limited to, background checks, vehicle inspection/registration, and physical security.
3. Conduct visit exclusively at the date, time, and location designated on this request.

**If counseling visit:**

4. Agree to refrain from conducting any recruiting activity during approved counseling visits.
5. Prior to departure, agree to submit to approving authority a list of all student contacts made during approved counseling visits. This list will include name, reason for visit, and which benefit she/he is using (TA/VA/Title IV) or if using self-pay option.
6. Have a minimum of 20 military-connected students (TA, GI Bill, Title IV recipients) at this installation.

**Section III**

The above referenced institution certifies that:

1. Institution has signed the Voluntary Education Partnership MOU with DoD.
2. Institution is in compliance with State authorization requirements consistent with regulations issued by ED, including part 600.9 of Title 34, CFR and meets requirements of the State where services will be rendered to include compliance with all State laws as they relate to distance education.

**\*\*\* Failure to adhere to any of the above conditions constitutes a reportable violation of DoD policy. \*\*\***

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**Section IV**

Institution Representative Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*For Use of Authorizing Official\*\*\*\*\*

**Option A:** \_\_\_\_\_ The request for installation access has been approved.

You will conduct your visit at: \_\_\_\_\_ from: \_\_\_\_\_  
(Location) (Date and Time)

**Option B:** \_\_\_\_\_ The request for Installation access has been denied. The reason for denial is:

\_\_\_\_\_

Installation Representative Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_