

Horace M. Albright Training Center

Request for Additional Guest or Child at the Albright Training Center

I request approval for the following person to accompany me while I am in official NPS-sponsored government quarters at the Albright Training Center. I understand that I am responsible for any and all costs associated with this request and will abide by relevant regulations, guidelines, and policies.

Name of student/official traveler

Name of Training Course/Purpose for Stay

Dates of Course/Stay

I request the following individual(s) be permitted to stay in my assigned room at the Albright Training Center:

Name(s)

Address

Relationship to official traveler Age (if under 18)

Dates of stay

Is this person a caregiver or assisted living provider? Yes No

Each room has one queen bed and can accommodate one roll-away bed, subject to availability. Would you like to request a roll-away bed? Yes No

Name of applicant

Signature

Date

If this person(s) is under 18, I agree that they will be under adult supervision at all times, 24/7.

Name of applicant

Signature

Date

Approved: Not Approved:

Superintendent (or designee), Albright Training Center

Date