

**Frank B. Rowlett Award for Individual Excellence
Nomination Form**

Date of Submission:

**Individual being nominated:
Assigned Organization:
Agency this Organization is a part of:**

Rank/Grade: **Military Service (if applicable):**
Job Title:
Brief Synopsis of Duties:

Mailing Address
Address 1:
Address 2:
City: **State:** **Zip:**

Telephone:

Organizational Email Address:

Brief background on the Organization:

Supervisory Chain of Command: (Beginning with immediate supervisor)

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

CLASSIFICATION MUST BE UPDATED WHEN FORM IS COMPLETED

**Frank B. Rowlett Award for Individual Excellence
Nomination Form (cont.)**

Narrative of Accomplishments: *(No more than two pages in length.)*

CLASSIFICATION MUST BE UPDATED WHEN FORM IS COMPLETED

**Frank B. Rowlett Award for Individual Excellence
Nomination Form (cont.)**

Nominating Officer

Name:

Title:

Signature (required):

Classification Advisory Officer

Name:

Title:

Signature (required):

Public Affairs/Prepublication Review

Name:

Title:

Signature (required):

Endorsement by NSA/CSS Representative

Name:

Title:

Signature (required):

Endorsement by Director/Chief of Agency or Department

Name:

Title:

Signature (required):

**Frank B. Rowlett Award for Individual Excellence
Nomination Form (cont.)**

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I understand that these written statements may be used for any mission purpose of the National Security Agency, without any liability on the part of the National Security Agency, the United States Government, or any of its departments, agents and/or employees.

I hereby waive and release any and all claims that I may now or in the future have against the National Security Agency for use or publication of my name or likeness or the use, duplication or display of the written statements and shall neither sue nor bring any proceeding against the National Security Agency for any claims based upon or relating to such use, publication or display.

I have read and understood this agreement. This agreement expresses the complete understanding of the parties.

Date: _____

Name (Please Print): _____

Government Agency: _____

Signature: _____