

REQUEST FOR SECURITY CLEARANCE

INSTRUCTIONS: This form is to be prepared and submitted for each security clearance requested as required under Department Administrative Order 207-1.

DATE

It is requested that eligibility be granted for access to information and material classified up to and including:

(CHECK ONE)

SECRET

TOP SECRET

STATUS

APPLICANT CONTRACTOR

EMPLOYEE CMTE MEMBER

NAME

POSITION

SERIES

SOCIAL SECURITY NO.

DATE OF BIRTH

GRADE

JUSTIFICATION

POSITION SENSITIVITY _____

REQUESTED BY (Signature)
(SUPERVISOR)

DATE

TYPED OR PRINTED NAME AND TITLE

CONCURRENCE (Signature)
(SECURITY OFFICER)

DATE

TYPED OR PRINTED NAME AND TITLE