REQUEST FOR SECURITY CLEARANCE
(EUSA SUPPL 1 TO AR 380-67)

FROM: *(Employing Office)*	THRU:	TO:

SECTION I - IDENTIFICATION OF SUBJECT

NAME	GRADE	SERVICE	SSN	DPOB:
				UIC: PARA: LN:

SECTION II - RESULTS OF FILES CHECKS

1. PERSONNEL RECORDS CONTAIN:

☐ No Adverse Information   ☐ US Citizenship Verified   ☐ Adverse Information Attached

2. SECURITY CLEARANCE DATA:

☐ _____ completed on _____ by _____
   (Type of Investigation)   (Date)   (Agency Conducting Investigation)

☐ _____ granted on _____ by _____
   (Degree of Clearance)   (Date)   (Agency Granting Clearance)

3. MEDICAL RECORDS CONTAIN:

☐ No Adverse Information   ☐ Adverse Information Attached

☐ Other:

NAME, GRADE, AND TITLE MEDICAL SPECIALIST	SIGNATURE

SECTION III - REQUEST

Line and Para number from MTOE where individual is assigned _____

JUSTIFICATION for requiring access to a classified material:

NAME, RANK, AND OFC SYMBOL OF REQUESTOR	SIGNATURE	DATE:
		PHONE NO.:

SECTION IV - ACTION TAKEN/REQUIRED

FROM:	TO:	DATE:

Subject has a valid (Interim) (Final) _____ security clearance.

Access terminated on _____ .

Submission of (BI) (SBI) update thru section/unit security manager to this office NLT _____ .

TYPED NAME, RANK, AND TITLE OF CLEARANCE AUTHORITY	SIGNATURE	PHONE NO.:

EA FORM 601-R-E, 1 FEB 90   EDITION OF 1 MAY 88 IS OBSOLETE.