

**REQUEST FOR PASSING A SECURITY CLEARANCE**

**Name of Requestor:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature of Supervisor Authorizing Personnel Security Office to pass clearance (if different from Name of Requestor):** \_\_\_\_\_

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Please complete the information below in its entirety and fax to (703) 837-2325.  
Failure to complete all information may result in processing delays.

**Name:** \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**POB:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Date/Time of Event:** \_\_\_\_\_

**Clearance Level** (circle one): Confidential   Secret   Top Secret   TS/SCI

**Event POC and Phone #:** \_\_\_\_\_

**Security POC and Phone #:** \_\_\_\_\_

**Security Office Fax (unsecure) #:** \_\_\_\_\_

**Reason for event** (meeting title, conference title, etc.): \_\_\_\_\_

**Will you be making frequent visits to this facility during the year?** \_\_\_\_\_ YES \_\_\_\_\_ NO

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**NOTICE:** The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN is needed to keep records accurate because other people many have the same name and birth date. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access as indicated above. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such clearance verifications and passing.