CLEARANCE FORM FOR CLASSIFIED SESSIONS
79th Shock & Vibration Symposium
Orlando, FL

FAX Copy To:		**SEND THIS FORM TO:** ERDC Security ATTN: Linda McGowan / Mary Hallberg Fax to: (601)-634-3897 or 2995 E-mail to: Mary.H.Hallberg@usace.army.mil Phone: (601)-634-4218, 3527, or 2776

Put my name on distribution for the (check appropriate box(es))

☐ **Limited Proceedings** ☐ **Critical Technologies Journal**

PART I: PERSONAL DATA (To Be Completed By Attendee)

Name: _____ **Social Security No** _____
(Last) (First) (Initial)

Place of Birth: _____ **Citizenship:** _____ **Date of Birth:** _____

Employer (Company/Gov't Agency/Military): _____

Employer's Address: _____

Classified Mailing Address: _____

Email: _____ **Phone No:** ( ) - _____ **Fax No:** ( ) - _____

Signature of Attendee: _____

☐ By checking this box, I (attendee listed in Part I) agree to the rules and regulations of attending limited and/or classified sessions for the 79th Shock and Vibration Symposium (Document LSCS 06).

PART II: SECURITY CLEARANCE INFORMATION (To Be Completed By The Attendee's Security Officer)
By signing below, I certify the attendee meets the requirements for access to classified material in accordance with Executive Order 12958, DoDR 5200.1-R, and DoDM 5220.22M (as applicable).

Clearance Level: _____ **Investigation Type:** _____

Date Clearance Granted: _____ **Date of Investigation:** _____

Granted By: _____ **Authorized NATO Access:** _____
(Yes / No)

Security Officer
Name (Print): _____
(Last) (First) (Initial)

Title: _____ **Organization:** _____

Phone No: ( ) - _____ **Fax No:** ( ) - _____

_____
Signature of Security Officer **Date**

PART III: NEED-TO-KNOW (Contractors Only) (To Be Completed By The Government Contracting Activity Officer) **By signing below, I certify the attendee has the NEED-TO-KNOW to attend the classified portions of this symposium in accordance with Executive Order 12958, DoDR 5200.1-R, and DoDM 5220.22M (as applicable).**

Name (Print): _____
(Last) (First) (Initial)

Title: _____ **Organization:** _____

Phone No: ( ) - _____ **Fax No:** ( ) - _____

_____
Signature of Contracting Activity Officer **Date**

PRIVACY ACT STATEMENT

AUTHORITY: *DoD 5200.1-R, para 6-202*
PRINCIPAL PURPOSE: *To identify persons seeking approval to attend classified meetings during the symposium lsited above.*
ROUTINE USES: *Information contained hereon is used for reviewing the request to attend the classified briefings during the symposium. Also used to certify the individual attendee's security clearance and access authorization.*
DISCLOSURE IS VOLUNTARY: *Failure to provide the information will result in disapproval of the request to attend classified briefings.*