

**PERSONAL ATTESTATION UPON THE GRANTING OF A SECURITY
CLEARANCE AND/OR ACCESS**

I _____, have orally attested to understanding my responsibilities to protect classified national security information by reading and understanding the following.

“I accept the responsibilities associated with being granted access to classified national security information. I am aware of my obligation to protect classified national security information through proper safeguarding and limiting access to official need to know. I further understand that, in being granted to classified information and/or SCI/SAP, a special confidence and trust has been placed in me by the United States Government.”

Signature of Attestee

Date

_____/_____
Signature of Witness/Date
Department of the Navy
Commander, Navy Installations
716 Sicard Street, S.E.,
Suite 1000
Washington, DC 20374

_____/_____
Signature of Acceptor/Date
Department of the Navy
Commander, Navy Installations
716 Sicard Street, S.E.,
Suite 1000
Washington, DC 20374

PRIVACY ACT STATEMENT

NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals, at the time the 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 personally identifiable information is 10 U.S.C. 5013, Secretary of the Navy. The information collected by this form will be used by the CNIC HQ Security Office for internal purposes only, and will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice M01040-1. Disclosure is voluntary. However, your failure to furnish the requested information may impede the processing of certifications or determinations, or may result in the denial of your being granted access to classified information.