

SECURITY CHECK-IN AND REQUEST FOR ACCESS

****PLEASE BRING THIS FORM TO CNIC SECURITY OFFICE (BLDG 111) WHEN COMPLETED AND SIGNED BY YOUR SUPERVISOR. THIS FORM IS REQUIRED FOR ACCESS TO CLASSIFIED MATERIAL AND ACCESS TO BUILDING 111.**

Date _____

From: _____
(Individual's Supervisor/ First & Last Name)

To: CNIC Security Manager

Subject: _____
(Last, First, Middle Initial) (Rank/Rate/Grade) (PRD-Mil Only)

(Office Phone) (Program)

(Bldg / Room #) (Date of Birth - Y/M/D) (Place of Birth - City & State)

1. Request subject individual be granted access to classified material as indicated below:

- a. _____ No Clearance _____ Confidential _____ Secret _____ Top Secret
- b. SCI Access _____ Yes _____ No
- c. Other (e.g. NATO Secret) _____ Yes _____ No If yes, please specify _____

2. The following information is required for badge requests. This data is requested for identification purposes only, and is not a factor in determining eligibility.

- a. Height _____ Weight _____
- b. Male/Female _____
- c. Race: _____ American Indian or Alaska Native
 _____ Asian
 _____ Black or African American
 _____ Hispanic or Latino
 _____ Native Hawaiian or Other Pacific Islander
 _____ White

(Supervisor's Signature)

NOTICE: The Privacy Act, 5 U.S.C. 522a, 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 Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.