

Please return this form via FAX (703-805-3201) no later than one week prior to class start date.

CERTIFICATION OF SECURITY CLEARANCE

TO	Defense Systems Mgmt College ATTN: ISTT/CC (BECKY LANE) FORT BELVOIR, VA 22060-5565 FAX (703) 805-3201	FROM		DATE	
SECURITY INFORMATION IS HEREBY PROVIDED ON THE FOLLOWING NAMED INDIVIDUAL WHO WILL ATTEND A RESIDENT COURSE AT THE DEFENSE SYSTEMS MANAGEMENT COLLEGE.					
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER		
RANK/GRADE	SERVICE	DATE OF BIRTH			
DATE INVESTIGATION COMPLETED			TYPE OF INVESTIGATION COMPLETED		
AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION					
HIGHEST ACCESS AUTHORIZED			DATE FINAL CLEARANCE GRANTED		
NAME OF SECURITY OFFICER			SIGNATURE OF SECURITY OFFICER		

DSMC Form 4
Feb 99

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

Prescribing Directive: DODD 5160.55

Authority: 10 USC 136

The purpose of this form is to obtain information concerning the security clearance of nominees to DSMC courses.

The information on this form will be used in the Administration/Personnel Division to determine whether a student may attend a classified session during a DSMC course.

Submission of information is mandatory. Without it, a student will not be admitted to a session where classified material is to be presented.

I consent to the use of the information provided on this form for the purpose described.

Signature of Nominee

Date