BRIEFING/REBRIEFING/DEBRIEFING CERTIFICATE

For use of this form, see AR 380-15; the proponent agency is DCSINT

SECTION A - GENERAL

NAME *(Last, first, middle initial)*	GRADE	PHONE NUMBER

AGENCY	ROOM NUMBER	BUILDING NUMBER

SECTION B - BRIEFING

I certify that I have *(READ) (BEEN BRIEFED)* and fully understand the standard operating procedures for handling *(COSMIC) (ATOMAL) (NATO)* material and am aware of my responsibility for safeguarding such information and that I am liable to prosecution under Sections 793 and 794 of Title 18, U.S.C., if either by intent or negligence I allow it to pass into unauthorized hands.

SIGNATURE AND DATE

SECTION C - REBRIEFING

I certify that I have been rebriefed and fully understand the procedures for handling ATOMAL classified material and am aware of my responsibility to safeguard such information.

SIGNATURE AND DATE	SIGNATURE AND DATE

SECTION D - DEBRIEFING

I have been given a debriefing by the control officer of this activity, preparatory to my departure. I understand that I must not disclose any classified information which I have obtained in my assignment to this organization or in connection therewith. I also understand that I must not make any such classified information available to the public or to any person not lawfully entitled to that information. I further understand that any unauthorized disclosure of such classified information, whether public or private, intentional or unintentional, will subject me to prosecution under applicable laws.

SIGNATURE AND DATE