

LIMITED ACCESS AUTHORIZATION
(Aliens, Foreign Nationals)

For use of this form, see AR 604-5; the proponent agency is Office of Assistant Chief of Staff For Intelligence.

ORIGINATING HEADQUARTERS

DATE

This is to verify that the following named individual has been investigated under the provisions of AR 604-5 and he/she is hereby authorized access only to the type of classified information described below in the course of his/her official duties. Employment of this individual in the duties described in inclosure 1 hereto is necessary in the interests of national security.

NAME *(Last, first, MI)*

GRADE

SSN, PASSPORT, OR ID NUMBER

DOSSIER NUMBER

DATE OF BIRTH

PLACE OF BIRTH

DESCRIPTION OF TYPE AND DEGREE OF CLASSIFIED INFORMATION TO WHICH ACCESS IS AUTHORIZED

DATE AUTHORIZATION EXPIRES

DATE BACKGROUND INVESTIGATION REQUIRED BY PARAGRAPH 3-403, AR 604-5 WAS COMPLETED

COMMAND WHICH CONDUCTED INVESTIGATION AND POLYGRAPH EXAMINATION

DATE POLYGRAPH EXAMINATION COMPLETED

NAME OF POLYGRAPH EXAMINER

TYPE NAME, GRADE AND TITLE OF OFFICER GRANTING AUTHORIZATION

SIGNATURE