

# PRIOR / CURRENT (must be within past 10 years) CLEARANCE INFORMATION COVER SHEET

MEMBER NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

DISTRICT: \_\_\_\_\_ PLACE of BIRTH: \_\_\_\_\_ SSN \_\_\_\_\_

TYPE INVESTIGATION (SSBI, NAC, NACLIC, etc): \_\_\_\_\_

AGENCY THAT GRANTED CLEARANCE (must be a federal agency): \_\_\_\_\_

CLEARANCE GRANTED (SECRET, TOP SECRET, etc) \_\_\_\_\_

CLEARANCE DATE (minimum month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

POC FOR ISSUING AGENCY: \_\_\_\_\_  
\_\_\_\_\_

SOURCE DOCUMENT **MUST** BE ATTACHED: \_\_\_\_\_

DIRAUX SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_