

JUSTIFICATION FOR PERSONNEL SECURITY CLEARANCE

This Form must be submitted with necessary signatures prior to initiation of paperwork for a security clearance. New DoD guidelines and NISPOM requirements make it necessary that we comply.

TO: Deb Kuidis, Security Manager, FSO

FROM: _____ DATE: _____

Applicant Name: _____ SSN: _____ DOB: _____

Position Title: _____ Dept: _____

JUSTIFICATION: (Describe applicant's duties and explain in detail the associated necessity for access to classified information in conjunction with fulfillment of a contract or program. Identify the contract or program for which this access is essential. Include estimated frequency of access and explain their need-to-know. Justification must clearly indicate the applicant has a bona fide requirement for access to classified information in the performance of assigned duties.)

Contract Number: _____ Level of Clearance _____

Supervisory Certification: I hereby certify that I have reviewed the above and I know of no pertinent information that has not been listed. I further certify that the applicant's need for access to certified information is accurately explained.

Signature of Supervisor Supervisor's Title Date Signed

Principal Investigator OR Department Chairman Date Signed

Dean OR Director Date Signed

Updated Monday, June 14, 2010