## SENSITIVE COMPARTMENTED INFORMATION DEBRIEFING MEMORANDUM

	s the fact that I was debriefed on th Access Program(s) (Use Unclassified	is date on the following Sensitive Compartmented Indicators Only):
governed by the terms of		aterial, of the fact that access to this material is that I previously signed, and of my continuing
Signature		Organization
Printed/Typed Name (Last, First, Middle Initial)		SSN (See Notice Below)
Rank/Grade	Date of Debriefing (YY, MM, DD)	Billet Number
I certify that the debriefing	presented by me was in accordance v	with relevant SCI procedures.
Signature of Authorized Briefer		Organization
Printed/Typed Name (Last, F	irst, Middle Initial)	Date of Debriefing (YY, MM, DD)

**Notice:** The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely in determining when your access to the information indicated above terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede such determination.