

Request for Security Clearance/Suitability Trustworthiness
Investigation for State Employees Supporting DoD Missions

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SECTION 1: Individual to Receive Security Clearance or Suitability/Trustworthiness Investigation:

Full Name: (First, Middle, Last):

Home Mailing Address:

Social Security Number:

Date of Birth (MM/DD/YYYY):

Email Address #1 (Must be one accessed on a regular basis by the individual):

Email Address #2: (Can be a message email but must be accessed regularly):

Phone Number:

Message Phone Number:

Computer Access Needed? Yes No

Secret? Yes No

Documentation attached:

Certified Copy of Birth Certificate: Yes No

Additional Documentation of Name Changes: (i.e. Marriage License, Divorce Decree, etc.) Yes No

OF 306 Form: Yes No

SF 612 or Resume: Yes No

Please indicate the five (5) days you are available to complete the on-line questionnaire.

Start Date:

End Date:

You will only be given those five (5) days to complete the questionnaire and failure to complete the questionnaire in those 5 days will result in non-compliance with the security clearance process and either loss of computer access, loss of your security clearance, rescinding of job offers and further disciplinary actions up to and including termination.

Signature: _____

Date: _____