



United States Department of Agriculture
Personnel and Document Security Division

REQUEST FOR PASSING SECURITY CLEARANCE

Name of Requestor: _____ Agency: _____
Date: _____ Time: _____ Phone #: _____

Please complete the information below in its entirety and fax to (202) 720-7708.
Failure to complete all information may result in processing delays.

Name: _____ SSN: _____

DOB: _____ POB: _____

USDA Agency: _____

Location of Event: _____

Date/Time of Event: _____

Clearance Level (circle one): Confidential Secret Top Secret TS/SCI

Event POC and Phone #: _____

Security POC and Phone #: _____

Security Office Fax #: _____

Reason for event (meeting, conference, etc.): _____

Will you be making frequent visits to this facility during the year? ____ YES ____ NO

To be completed by above employee's supervisor:

This is to certify that this employee is authorized to attend the event discussed above and should have his/her clearance passed.

Supervisor's Name and Title: _____

Date: _____