Security Clearance Verification

Please supply the following information so that the Facility Security Officer may verify your current, or past, clearance information. Please do not fill this out if you have **never** held a clearance.

Full Name _____

SS # _____

Date of Birth _____

Place of Birth (City, State) _____

Country of Birth (if not US) _____

US Citizen?   Yes   or   No

Level of your most recent clearance _____

Approx. Date clearance granted (month/year) _____

Company who held your most recent clearance _____

        Address _____

        Security POC (name/phone) _____

Thank you,
Michael Ricciardi
FSO, RTI
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