

CUI

INSERT LETTERHEAD

MONTH, DD, YYYY

**FROM: Full Name
Signature Block with Title**

SUBJECT: Clearance Verification for INSERT PURPOSE

1) Visiting Personnel:

Name: **FULL NAME**
SSN: **000-00-000**
DOB: **MM/DD/YYYY**
POB: **City, State, Country**
U.S. Citizenship: **Yes**
Clearance Level: **TOP SECRET/SECRET/CONFIDENTIAL**
Investigation Closed Date: **MM/DD/YYYY**
Investigation Type: **Tier 3/5/etc**
Investigative Agency: **OPM**
Clearance Granted Date: **MM/DD/YYYY**
Clearance Granted By: **Granting Agency**

- 2) Dates of Visit: **MM/DD/YYYY – MM/DD/YYYY (Up to One Year)**
- 3) POC: **Full Name and Email**
- 4) Visit Purpose: **Bureau/Contract Number**
- 5) Security POC: **NAME EMAIL AND PHONE of Security Specialist or Facility Security Officer**
- 6) Authorizing Signature: **Signature of Security Specialist or Facility Security Officer signature**

The information provided on this form contains Personally Identifiable Information (PII) and must be password protected with password sent separately. See [How to Protect PII for Email](#) for instructions. Send all forms to osy_industrialsecurity@doc.gov.

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