BRIEFING/REBRIEFING/DEBRIEFING CERTIFICATE

SECTION A - GENERAL

NAME (Last, First, MI):	RANK/GRADE:	SSN:	OFFICE CODE:
PHONE #:	ROOM #:	BUILDING:	AUTHORIZATION: ☐ Control Officer (C) ☐ Alternate (A) ☐ Access Only (W)

PRIVACY ACT STATEMENT: Authority - OPNAVINST C5510.101D. U.S. Security Agency NATO (USSAN) Inst. 1-69, E.O. 9397, and 5 U.S.C. 301, Department Regulations. Purpose - To verify that personnel having access to NATO material have certified by signature that they have been Briefed and are security cleared for access. The social security number is needed to verify the right personnel file for access update. Routine uses - To verify clearances in response to telephone queries from such commands as OSD, JCS, Army Headquarters, etc., when personnel visit or require access to documents under their control. Furnishing this information is voluntary however, failure to provide may result in denial of access to NATO material.

SECTION B - BRIEFING

I certify that I have ☐ READ or ☐ BEEN BRIEFED and fully understand the standard operating procedures for handling ☐ NATO ☐ COSMIC ☐ ATOMAL material and am aware of my responsibility for safeguarding such information and that I am liable to prosecution under Sections 793 and 794 of Title 18, U.S.C., if either by intent or negligence I allow it to pass into unauthorized hands.

(Signature of Individual being Briefed & Date)	(Signature of Control Officer/Alternate providing Briefing & Date)
Control Officer/Alternate certifies that he/she verified the individual Briefed has been granted a FINAL U.S. clearance as listed below: ☐ SECRET ☐ TOP SECRET	(Typed/Printed Name of Control Officer/Alternate providing Briefing)

SECTION C - ATOMAL REBRIEFING

I certify that I have been Rebriefed and fully understand the procedures for handling ATOMAL classified material and am aware of my responsibility to safeguard such information.

	(Signature of Individual being Rebriefed & Date)	(Signature of Briefer & Date)
1st Rebriefing		
2nd Rebriefing		
3rd Rebriefing		
4th Rebriefing		
5th Rebriefing		
6th Rebriefing		

SECTION D - DEBRIEFING

I have been given a Debriefing by the Control Officer of this activity, preparatory to my departure. I understand that I must not disclose any classified information which I have obtained in my assignment to this organization or in connection therewith. I also understand that I must not make any such classified information available to the public or to any person not lawfully entitled to the information. I further understand that any unauthorized disclosure of such classified information, whether public or private, intentional or unintentional, will subject me to prosecution under applicable laws.

(Signature of Individual being Debriefed & Date)	(Signature of Control Officer/Alternate providing Debriefing & Date)
(Typed/Printed Name of Individual being Debriefed)	(Typed/Printed Name of Control Officer/Alternate providing Debriefing)

OPNAV 5511/27 (Rev. NOV 1992)

CLEAR