

Security Clearance Initiation Request

The following information is needed in order for the State Security Manager's Office to initiate for security clearances.

Type of Clearance or Investigation: Secret___ Top Secret___ T1 X

Subject Information:

Rank: _____ SSN: _____ Employee Start Date: _____ (MM/DD/YYYY)

First Name: _____

Middle Name: _____

Last Name: _____ Suffix: _____

DOB: _____ (MM/DD/YYYY):

Country of Birth: _____

State of Birth: _____

City of Birth: _____

Document Type: _____ Document No: _____
Birth Certificate, Passport, etc.

State Job Title: _____

Contact Information:

Work Address (AKO preferred): _____

Home Email Address: _____

Home Phone w/ Area Code: _____ Cell Phone w/ Area Code: _____

Requestor Information:

Rank: CIV

First Name: Willie

Last Name: Wood

Title: State Active Duty Officer

Email Address: willie.a.wood.nfg@mail.mil Phone: (803) 299-1482

Date: _____ (MM/DD/YYYY):