

REVIEW FOR DISTRIBUTION OF INFORMATION FORM				Serial #	
REQUESTOR:		OFFICE SYMBOL:	TELEPHONE #:	DATE REQUIRED:	
INFORMATION CATEGORY:					
TITLE:			MEETING:		
AUTHORS:			DATE AND PLACE OF MEETING:		
RESEARCH SPONSOR/ORGANIZATION:			SPONSOR RELEASE APPROVAL:		
CLASSIFICATION:			TITLE OF JOURNAL/PERIODICAL/PROCEEDINGS:		
PROGRAM/CONTRACT NUMBER:			PM/COR:		
Recommended Distribution:					
<input type="checkbox"/> Statement A: Approved for Public Release; Distribution is unlimited.					
<input type="checkbox"/> Statement B: Distribution authorized to U.S. Government Agencies only; Other requests must be referred to the originator.					
<input type="checkbox"/> Statement C: Distribution authorized to US Government Agencies and their contractors; Other requests must be referred to the originator.					
<input type="checkbox"/> Statement D: Distribution authorized to DoD and DoD Contractors only; Other requests must be referred to the originator.					
<input type="checkbox"/> Statement E: Distribution authorized to DoD Components; Other requests must be referred to the originator.					
<input type="checkbox"/> Statement F: Release is not authorized; Further dissemination as only directed by the originator or higher authority.					
I/We have reviewed applicable security classification guidelines and contract clauses, Critical Program Information (CPI) assessments, and any other pertinent documents and recommend the following level of classification and distribution statement, shown below, be assigned to this information/paper/presentation. I/We believe that the assigned classification and distribution statement prevent unauthorized disclosure of classified information, trade secrets, or proprietary and/or privileged information.					
Requestor's Signature				Date	
Division Chief	Reviewed for technical accuracy and security. <input type="checkbox"/> Yes <input type="checkbox"/> No Distribution ___ is Recommended. <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks/Guidance is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No			Date & Sign	
Security	Security review conducted. <input type="checkbox"/> Yes <input type="checkbox"/> No Distribution ___ is Recommended. <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks/Guidance is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No			Date & Sign	
Directorate	Security review conducted. <input type="checkbox"/> Yes <input type="checkbox"/> No Distribution ___ is Recommended. <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks/Guidance is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No			Date & Sign	
DISTRIBUTION A ONLY					
Legal	Distribution A Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Distribution ___ Recommended		Date & Sign		
Contracting	Distribution A Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Distribution ___ Recommended		Date & Sign		
OPSEC	Distribution A Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Distribution ___ Recommended		Date & Sign		
REQUIRED FOR PUBLIC RELEASE		<input type="checkbox"/> Distribution A IS NOT Approved		<input type="checkbox"/> Distribution ___ Approved	
Signature - Center Director (Final Approval for ALL Distributions)				Date	
Public Affairs	PAO Log #:			Date & Sign	

CCDC ARMAMENTS CENTER Review for Distribution of Information Form Instructions

Please use the following instructions to fill in the CCDC ARMAMENTS CENTER Review for Distribution of Information Form. Fill in all fields unless otherwise instructed. Use "N/A" for non-applicable items. Attach a hard-copy of any information for review.

Serial #: Organizationally assigned tracking number.

Requestor: Name of individual requesting information distribution

Office Symbol: Office symbol of requestor

Telephone #: Office telephone number of requestor

Date Required: The latest date information requested for release should be made available (please allow 30 days for staffing)

Information Category: Type of information to be distributed (presentation, abstract, paper, journal article, etc.)

Title: Title of information

Meeting: Name of meeting or conference where information will be distributed

Authors: Names of all authors of information

Date and Place of Meeting: Dates and locations of all meeting sessions

Research Sponsor/Organization: Name of sponsoring organization, if any

Sponsor Release Approval: Signature of approving sponsor

Classification: Classification level of information (Unclassified, Confidential, Secret, or Top Secret)

Title of Journal/Periodical/Proceedings: Title of any publication or venue where information will be distributed

Program/Contract Number: Name of official program from which information is derived, or contract number, if any

PM/COR: Signature of approving Program Manager or Contracting Officer's Representative

Recommended Distribution: Select a distribution statement based on level of protection required to prevent unauthorized disclosure of information

Requestor's Signature: Signature of individual requesting information distribution

Date: Date of signature

Division Chief: Division Chief will review form and information, then concur or non-concur with selected distribution statement (If non-concur, must attach remarks for recommended distribution)

Directorate: Directorate-level supervisor will review form and information, then concur or non-concur with selected distribution statement (If non-concur, must attach remarks for recommended distribution)

Security: Security will review form and information, then concur or non-concur with selected distribution statement (If non-concur, must attach remarks for recommended distribution)

Distribution A Only: Fill in this section ONLY if requesting Distribution A – Public Release, otherwise mark each section "N/A"

Public Affairs: Public Affairs will concur or non-concur with Distribution A recommendation (If non-concur, must attach remarks for recommended distribution)

Legal: Legal Office will concur or non-concur with Distribution A recommendation (if non-concur, must recommend alternative distribution)

Contracting: Contracting Office will concur or non-concur with Distribution A recommendation if applicable (if non-concur, must recommend alternative distribution)

OPSEC: Operations Office will concur or non-concur with Distribution A recommendation (if non-concur, must recommend alternative distribution)

Required for Public Release: Center Director will check approval or disapproval of Distribution A (If disapproved, must approve alternative distribution)

Distribution _ Approved: For all but Distribution A, enter the approved distribution statement

Signature – Center Director: Center Director will sign and date once all fields are filled in appropriately and all concurrences are obtained (This is the final approval)

Remarks: