



**NATIONAL SECURITY AGENCY  
CENTRAL SECURITY SERVICE FORT  
GEORGE G. MEADE, MARYLAND 20755**

PRIVACY ACT STATEMENT: Authority for collecting information is contained in 50 U.S.C. §§ 831-835, Executive Orders 10450, 10865, 12333, 12968, 13467, 13526, and 13587, as amended, DoD Directive 5100.20, DoD Instruction 5210.45, and ICD 704. DoD's Blanket Routine Uses (found at Appendix C of 32 CFR Part 310), as well as the specific uses enumerated in GNSA 10, apply to this information. Authority for requesting your Social Security Number (SSN) is Executive Order 9397, as amended. Disclosure of the requested information is voluntary, but refusal to provide the requested information, other than SSN, may delay or prevent the Agency from making a decision regarding eligibility for access to Sensitive Compartmented Information or eligibility for employment, assignment, or detail for duty with the Agency.

## AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern

I hereby authorize any Special Agent of the National Security Agency/Central Security Service bearing this release, or a copy thereof, within five years of the date signed or upon termination of my affiliation with NSA/CSS, to obtain any information from schools, residential managements, employers, criminal justice agencies, or individuals, as well as any publicly available information on the Internet, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by NSA/CSS and may be disclosed to third parties as necessary in fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Last Name		First Name		Middle Name	Suffix	Social Security Number	
Street Address				City (country if outside U.S.)		State	Zip
<b>TELEPHONE NUMBERS</b>	<input type="checkbox"/> Day	Work Phone	Work Phone	<input type="checkbox"/> Day	Home Phone	<input type="checkbox"/> Day	Mobile
	<input type="checkbox"/> Night			<input type="checkbox"/> Night		<input type="checkbox"/> Night	
<b>OTHER NAMES USED</b>							
Last Name		First Name		Middle Name	Suffi		

Signature of Employee

Date Signed

Parent or Guardian Signature (If Required)

Date Signed