

**Authorization Letter**

Prepared for: United States Army, Fort Meade

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RedTeam Security Training, LLC

**Please use this document to validate the identity of the assessment team and to authorize the presence and actions of the assessment team by contacting the people shown in Section 4 of this document. The assessment team will provide government issued credentials upon request.**

Date: [DATE]

RE: Social Engineering Operation

To properly secure our facilities, [CLIENT\_NAME] has engaged RedTeam Security Training, a Minnesota-based Ethical Hacking firm, to perform a Social Engineering Operation. This engagement may involve RedTeam Security Training consultants masquerading as [CLIENT\_NAME] employees, customers and/or vendors in an effort to thoroughly test staff adherence to company policies and physical security best practice.

Be advised that the tactics used by RedTeam Security Training *appear* to be malicious in nature, however the actions carried out are done so with the explicit approval from [CLIENT\_NAME]. This test has been and will be conducted within the confines of all legal restrictions, state, local and federal.

Thus, the undersigned attests to the following:

1. The Assessment Team below has permission to assess the information security posture at the [CLIENT\_NAME], [CLIENT\_CITY] [CLIENT\_STATE] location from [DATE] to [DATE].
2. Assessment Team  
     
   Jeremiah Talamantes  
   Security Consultant  
   RedTeam Security Training  
   Cell: 612-849-8661 / [jeremiah@redteamsecure.com](mailto:jeremiah@redteamsecure.com)   
   Business: 612-234-7848  
   Driver’s license number: XXXXXXXXXXXXXXXX

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1. **[PRIMARY\_CONTACT\_NAME]** has the authority to grant permission for testing the organization for physical and information security vulnerabilities
2. [CLIENT\_NAME] contact information:

**PRIMARY**  
[NAME]  
[TITLE)  
[AFTER HOURS CELL NUMBER]  
[DIRECT LINE]  
[EMAIL]

**SECONDARY**  
[NAME]  
[TITLE]

[AFTER HOURS CELL NUMBER]

[DIRECT LINE]

[EMAIL]

**TERTIARY**  
[NAME]  
[TITLE]

[AFTER HOURS CELL NUMBER]

[DIRECT LINE]

[EMAIL]

1. The scope of this assessment is limited to:  
     
   [CLIENT\_NAME]  
   [CLIENT\_ADDRESS\_1]  
   [CLIENT\_ADDRESS\_2]  
   [CLIENT\_CITY], [CLIENT\_STATE] [CLIENT\_ZIP]

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[CLIENT\_NAME] Approving Manager (Print)

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[CLIENT\_NAME] Approving Manager (Signature)