

## CLASSIFIED INFORMATION ACCESS AUTHORIZATION (5521)

NAVMC HQ 512 (REV. 05-17) (EF) (Previous editions will not be used)

FOUO - Privacy sensitive when filled in.

### PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

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**AUTHORITY:** 5 U.S.C. 9101; 10 U.S.C. 137; DoD Directive 1145.02E; DoD 5200.01; DoD 5105.21; DoD Instruction (DoDI) 1304.26; DoDI 5200.02; DoDD 5220.6; DoDI 5220.22; Homeland Security Presidential Directive (HSPD) 12; E.O. 9397 (SSN), as amended; and SORN DMDC 12 DoD available at <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570567/dmdc-12-dod/>.

**PURPOSE:** The information is used by Headquarters, U.S. Marine Corps (HQMC) Staff Agencies/Activities for the purpose of confirming security clearance eligibility for access to National Security Information. The form is also used by HQMC Security Manager for the documentation and tracking of the level access that is given to an individual.

**RETENTION AND SAFEGUARDS:** Records are destroyed two years after final entry. The collected information will be maintained in the files of the HQMC Security Office/database with restricted, limited access by authorized personnel who are properly screened, cleared, and trained.

**ROUTINE USES:** Access to information is limited to security personnel with a need to know in order to confirm security clearance status and various officials outside the Department of Defense (DoD) specifically identified as a Routine Use in Privacy Act System of Records Notice DMDC 12 DoD for the stated specific purpose of that Routine Use, to include the White House; U.S. Citizenship and Immigration Services; Law Enforcement; federal, state, or local agency maintaining civil, criminal, or other relevant enforcement information; to a federal agency in connection with the hiring or retention of an employee; Congress; Office of Personnel Management; or federal agency for counterintelligence purposes.

**DISCLOSURE:** Voluntary; however, failure to provide this information may result in your denial of access to National Security Information.

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**INSTRUCTIONS**

This form is used to initiate and document an individual's authorization to handle classified information at Headquarters Marine Corps. ACCESS IS NOT AUTHORIZED UNTIL PART C IS APPROVED.

NAME (Last, First, Initial)		RANK/GRADE	SSN
UNITED STATES CITIZENSHIP	YES <input type="checkbox"/> NO <input type="checkbox"/>	ACTIVE <input type="checkbox"/>	RESERVE <input type="checkbox"/>
AGENCY, PHONE NO. AND ROOM NO.			

**PART A - (To be completed by Staff Agency Security Manager)**

It is requested that the individual identified above be authorized access to classified information as follows:

	TOP SECRET	SECRET
SENSITIVE COMPARTMENTED INFORMATION (SCI)	<input type="checkbox"/>	
CLASSIFIED INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>
COSMIC	<input type="checkbox"/>	
ATOMAL	<input type="checkbox"/>	<input type="checkbox"/>
NATO		<input type="checkbox"/>
<input type="checkbox"/> ACCESS TO CLASSIFIED INFO NOT REQUIRED		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Agency Security Manager)

**ATTESTATION**

"I accept the responsibilities associated with being granted access to Classified National Security Information. I am aware of my obligation to protect Classified National Security Information through proper safeguarding and limiting access to individuals with the proper security clearance and/or access and official need to know. I further understand that, in being granted access to classified information and/or SCI/SAP, a special confidence and trust has been placed in me by the United States Government."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Individual Requiring Access)

**PART B - (To be completed by the Special Security Officer)**

This authorization is automatically withdrawn when the individual is detached or transferred. This individuals access status is:

_____	Level and Date	_____	Basis
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**HQMC SPECIAL SECURITY OFFICERS (SSO)**

**PART C - (To be completed by Director of Administration and Resource Management)**

Access is authorized as shown above. This authorization is automatically withdrawn when the individual is detached or transferred to another staff agency. The individual's clearance status is:

Level and Date: _____	Basis _____
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(HQMC Security Manager)

**PART D - (To be completed by the individual when detached or reassigned)**

**SECURITY DEBRIEFING ACKNOWLEDGEMENT**

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_