



United States Department of Agriculture  
Personnel and Document Security Division

REQUEST FOR PASSING SECURITY CLEARANCE

Name of Requestor: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please complete the information below in its entirety and fax to (202) 720-7708.  
Failure to complete all information may result in processing delays.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ POB: \_\_\_\_\_

USDA Agency: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date/Time of Event: \_\_\_\_\_

Clearance Level (circle one): Confidential Secret Top Secret TS/SCI

Event POC and Phone #: \_\_\_\_\_

Security POC and Phone #: \_\_\_\_\_

Security Office Fax #: \_\_\_\_\_

Reason for event (meeting, conference, etc.): \_\_\_\_\_

Will you be making frequent visits to this facility during the year? \_\_\_\_ YES \_\_\_\_ NO

To be completed by above employee's supervisor:

This is to certify that this employee is authorized to attend the event discussed above and should have his/her clearance passed.

Supervisor's Name and Title: \_\_\_\_\_

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