

PREPARED TESTIMONY REVIEW

1. TO: CHIEF, OFFICE OF SECURITY REVIEW	2. DATE
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The attached document is forwarded for review in accordance with paragraph D.2.a.(2), DoD Directive 5400.4.

3. DESCRIPTION OF DOCUMENT

4. WITNESS

5. COMMITTEE/SUBCOMMITTEE

6. HEARING DATE AND SUBJECT

7. PAGE COUNT	8. THIS DOCUMENT IS FOR <i>(X applicable term)</i>
	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED PRESENTATION

9. PRIOR COORDINATION

a. NAME <i>(Last, First, Middle Initial)</i>	b. AGENCY	c. TELEPHONE <i>(Include Area Code)</i>
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10. UPON COMPLETION NOTIFY

a. NAME <i>(Last, First, Middle Initial)</i>	b. AGENCY	c. TELEPHONE <i>(Include Area Code)</i>
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11. DIRECT QUESTIONS TO

a. NAME <i>(Last, First, Middle Initial)</i>	b. AGENCY	c. TELEPHONE <i>(Include Area Code)</i>
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12. REQUEST CLEARANCE NO LATER THAN *(YYYYMMDD)*

The attached material has department/agency approval for the purpose specified. Any portions requiring security protection have been appropriately marked.

13. ATTACHMENT	14. SIGNATURE
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