

COURIER AUTHORIZATION FORM*(Prescribing Document – Security Handbook)***PRIVACY ACT STATEMENT**

Authority: 5 U.S.C. 301, Departmental Regulations; 5 U.S.C. 7311; 10 U.S.C. 5013; and E.O. 9397 (SSN); E.O. 10450, Security Requirements for Government Employees, in particular sections 2 - 9, and 14; E.O. 12958, Classified National Security Information; E.O. 12968, Access to Classified Information; DoD Regulation 5200.2-R, Personnel Security Program Regulation; and OPNAV Instruction 5510.30A, Department of Navy Personnel Security Program.

Purpose: These records are used to identify personnel authorized to hand carry classified information.

Routine Use(s): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may be used by the SSC San Diego Security Office or host activities in identifying travelers authorized to hand carry classified information.

Disclosure: Voluntary, however failure to provide information may result in denial to hand carry classified information.

TO WHOM IT MAY CONCERN:

The courier identified herein is authorized to carry classified defense information as listed below:

COURIER NAME	RANK/GRADE	ISSUE DATE	
ORGANIZATION	CODE	TELEPHONE NO.	
TYPE OF IDENTIFICATION (Description, badge no. etc.)	DATE OF BIRTH	HEIGHT	WEIGHT

DEPARTURE (City, State, Date)	AIRLINE AND FLIGHT NUMBER	DESTINATION (City State Date)	

PACKAGE(S) DESCRIPTION (Height, width, thickness)	PACKAGE(S) ADDRESSED TO (May list multiple addresses)
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COURIER SIGNATURE	DIVISION HEAD OR HIGHER SIGNATURE
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If additional information is required, please contact the undersigned by telephone: _____ (between 0715 and 1645), or DSN _____ or after working hours contact the Command Duty Officer at _____ or _____

RELEASING OFFICIAL (Name and Title)	SIGNATURE	EXPIRATION DATE (7 Days) From date of issue)
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TO BE COMPLETED WHEN MATERIAL MUST BE HANDCARRIED TO ANOTHER DESTINATION

The Courier is authorized to carry classified defense information as listed below. Request this section be completed by host activity.

PACKAGE(S) DESCRIPTION (Height, width, thickness)	PACKAGE(S) ADDRESSED TO
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DEPARTURE POINT (City, State, Date)	AIRLINE FLIGHT NUMBER	DESTINATION (City State, Date)	

If additional information is required, please contact the undersigned by telephone: (_____) _____ - _____

HOST ACTIVITY REPRESENTATIVE	ACTIVITY NAME	ISSUE DATE	EXPIRATION DATE (7 Days) From date of issue)
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