

FOREIGN TRAVEL AND SECURITY CLEARANCE REQUEST						1. DATE		
2. NAME		3. SOCIAL SECURITY NUMBER		4. TITLE		5. GRADE/LEVEL/RANK	6. DIVISION AND CODE	7. BUILDING AND ROOM
8. PHONE (Home/Work)		9. DATE AND PLACE OF BIRTH		10. PASSPORT NUMBER		11. DATE AND PLACE OF ISSUE		12. POC NAME/PHONE (If traveler is unavailable)
13. MEETING CLASSIFICATION	14. WHAT IS THE HIGHEST CLASSIFICATION OF INFORMATION TO BE DISCLOSED? <i>(Navy)</i>		15. NAME AND ORGANIZATIONAL LOCATION OF PROJECT OFFICER AUTHORIZED TO APPROVE DISCLOSURE OF CLASSIFIED INFORMATION TO FOREIGN NATIONALS. <i>(Contact Code 1224 if further info is needed.)</i>					

16. ITINERARY

a. DATES OF LEAVE REQUESTED EN ROUTE		b. DATE TRAVEL BEGINS		c. DATE BY WHICH TRAVEL MUST BE COMPLETE		d. AUTHORITY IS REQUESTED TO:	
						<input type="checkbox"/> OMIT <input type="checkbox"/> VARY <input type="checkbox"/> REVISIT SUCH PLACES AS NECESSARY	
ACTIVITY(S) TO BE VISITED <i>(i.e., Hotel, University)</i> <i>(No Abbreviations)</i>	COMPLETE ADDRESS	PERSONS TO BE CONTACTED <i>(Name/Title/Phone No.)</i>	APPOINTMENT SECURED?		ETA (Date, Time, Place)	ETD (Date, Time, Place)	
			YES	NO			

17. PURPOSE AND JUSTIFICATION - IN DETAIL - NO ABBREVIATIONS <i>(If presenting a paper, include presentation approval number (e.g., 07-1226-xxxx). If visit is a result of an invitation, attach a copy.)</i>	18. CONTACTS <i>(Check appropriate box)</i>				19. ARE ALUSNA SERVICES REQUIRED FOR ACCOMMODATIONS?	
	a. US PERS ONLY	b. REP (Foreign Gov't)	c. REP (Foreign Commercial Activity)	d. OFFICIALS CONCERNED WITH US/LOCAL GOV'T AGREEMENTS	a. YES (Specify)	b. NO

20. REMARKS/JUSTIFICATION, IF ANY <i>(No Abbreviations)</i>	21. MODE OF TRANSPORTATION								
	a. COMMERCIAL				b. GOVERNMENT			c. PRIVATELY OWNED	
	RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE <input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	<input type="checkbox"/> COST MUST NOT EXCEED COST OF RAIL OR AIR
<i>(FOR DIVISION USE ONLY)</i> ALL PREVIOUS FOREIGN TRAVEL TRIP REPORTS SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ INITIALS _____ DATE				<i>(CHECK APPROPRIATE BLOCK)</i> <input type="checkbox"/> PURPOSE OF VISIT CANNOT BE ACCOMPLISHED BY OTHER MEANS <input type="checkbox"/> TRIP WILL AID IN ELIMINATING A PROBLEM AREA <input type="checkbox"/> TRIP WILL AID IN ACQUIRING NEEDED RESOURCES <input type="checkbox"/> TRIP WILL DIRECTLY AID FUTURE OPERATIONS					

TRAVELER (Signature)	SUPERVISOR APPROVAL (Signature and Title)	DIVISION HEAD APPROVAL (Signature)	ADOR/CODE 8000 APPROVAL (Signature)
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PRIVACY ACT STATEMENT

AUTHORITY - 10 U.S.C. Section 8012 and Executive Order 9397, 22 Nov 43. **EFFECT OF NONDISCLOSURE** - Nondisclosure of identifying information including SSN could result in refusal of clearance to enter a particular area by a foreign government. **PRINCIPAL PURPOSE** - To obtain permission to visit an area outside CONUS, from the US Official exercising authority over that particular area. Social Security Number is used as a means of obtaining positive identification. Identifying data is provided to the authority as a basis for granting clearances.