INFORMATION SECURITY PROGRAM DATA

(Period Covered From: _____ To: _____)

1. COMMAND POINT OF CONTACT FOR ADDITIONAL INFORMATION (Name, office and telephone number)

2. NAME AND POSITION TITLE OF EACH TOP SECRET ORIGINIAL CLASSIFICATION AUTHORITY

3. NAME AND POSITION TITLE OF EACH SECRET ORIGINIAL CLASSIFICATION AUTHORITY

4. NUMBER OF **ORIGINAL** CLASSIFICATION DECISIONS MADE DURING THIS PERIOD	NUMBER MARKED FOR DECLASSIFICATION ON A DATE OR EVENT IN 10 YEARS OR LESS	NUMBER MARKED FOR DECLASSIFICATION WITH AN "X" CODE EXEMPT FROM DECLASS IN 10 YEARS OR LESS
A. TOP SECRET		
B. SECRET		
C. CONFIDENTIAL		
5. NUMBER OF **DERIVATIVE** CLASSIFICATION DECISIONS MADE DURING THIS PERIOD		
A. TOP SECRET		
B. SECRET		
C. CONFIDENTIAL		

6. MADITORY DECLASSIFICATION REVIEW REQUEST AND APPEALS	NUMBER OF CASES CARRIED OVER FROM PREVIOUS FY	NUMBER OF NEW CASES RECEIVED THIS FY	DECLASSIFICATION DECISIONS THIS FY (REPORTING NUMBER OF CASES, DOCUMENTS, AND PAGES)									NUMBER OF CASES CARRIED OVER TO NEXT FY
			GRANTED IN FULL			GRANTED IN PART			DENIED			
			CASES	DOCS	PAGES	CASES	DOCS	PAGES	CASES	DOCS	PAGES	
A. REQUESTS												
B. APPEALS												

7. SYSTEMATIC REVIEW FOR DECLASSIFICATION (Number of pages) THIS FY

A. REVIEWED B. DECLASSIFIED

8. REMARKS