REQUIRED SECURITY CLEARANCE FORM

Advanced Technology for National Security Workshop 2024

PRINT

RESET

Enter Date(s) of Event: **Enter completed form due date:**

No letters, visit requests, messages, or long-term visit requests on file at MIT Lincoln Laboratory will be used as approved admittance to the above event. The individual named below requests authorization to attend the above event. It is understood that the overall Security Classification will be SECRET.

Part 1. TO BE COMPLETED BY ATTENDEE

Name _____ SSN _____
Last First Initial (Note: SSNs will not be stored.)

Company Name _____ Date of Birth _____

Company Address _____ Place of Birth _____

Signature _____ Citizenship _____

Part 1. TO BE COMPLETED BY ATTENDEE'S SECURITY

Security Clearance Certification

Attendee's Clearance Level _____ Cage Code _____

Signature of
Security Officer (POC) _____ Date _____ Tel. No. _____

Print Name and Title of Security Officer (POC) _____

Lincoln Laboratory supports the position of the Office of the Secretary of Defense that "Need-to-Know" determinations are made by the organization disclosing classified information.

Have your security officer return completed form to:

MIT Lincoln Laboratory
Security Services Department
Fax: 781-981-5588
email: LLconf@ll.mit.edu (confirm)

*The information on this form is protected and secured from public view and access in accordance with Laboratory Security Procedures protecting Personally Identifiable Information in accordance with Massachusetts General Law.

PLF-4007-1_M.indd
Rev. 1/13

LINCOLN LABORATORY
MASSACHUSETTS INSTITUTE OF TECHNOLOGY
244 Wood Street, Lexington, MA 02420-9108