SPECIAL ACCESS PROGRAM REQUEST FOR ACCESS

For use of this form, see AR 380-381; the proponent agency is OCSA

1. DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority	Title 10, USC 3013.
Principal Purpose	Obtain accountability data for access to SAP information.
Routine Uses	Obtain security clearance status information and identify SAP for proposed access.
Disclosure	Disclosure of the information is voluntary. However, failure to provide the data may delay or preclude access to this program's information.

2. NAME *(Last, First, MI)*		3. GRADE/ RANK	4. SSN
5. DATE OF BIRTH	6. PLACE OF BIRTH/CITIZENSHIP	7a. SECURITY CLEARANCE	
8. MACOM/ACTIVITY/ORGANIZATION/OFFICE		b. DATE CLEARANCE GRANTED	
		c. GRANTING AGENCY	
		d. TYPE OF INVESTIGATION	
9. MAILING ADDRESS		e. DATE INVESTIGATION COMPLETED	
		f. DATE PR SUBMITTED TO CCF OR COMPARABLE AGENCY *(Required if investigation date is more than five years old.)*	
10. INDIVIDUAL'S POSITION		11. PROGRAM(S) AND ACCESS LEVEL REQUIRED	
12. DUTY PHONE	13. PROJECTED PCS/RETIREMENT	14. BILLET NUMBER	

15. JUSTIFICATION/COMMENTS

Note: For access requests that do not identify a validated billet, the ACA must authorize approval (except when access has been authorized by the VCSA, the CSA, the Under Secretary of the Army or the Secretary of the Army.

16. SECURITY CLEARANCE VERIFICATION		a. DUTY PHONE
b. NAME AND TITLE	c. DATE	d. SIGNATURE
17. COMMANDER OR DIRECTOR OF ORGANIZATION		
a. NAME AND TITLE	b. DATE	c. SIGNATURE
18. ACCESS APPROVAL AUTHORITY		
a. NAME AND TITLE	b. DATE	c. SIGNATURE