## SENSITIVE COMPARTMENTED INFORMATION DEBRIEFING MEMORANDUM

	the fact that I was debriefed on the ccess Program(s) (Use Unclassified	is date on the following Sensitive Compartmented Indicators Only):
	the SCI Nondisclosure Agreement	aterial, of the fact that access to this material is that I previously signed, and of my continuing
Signature		Organization
Printed/Typed Name (Last, First, Middle Initial)		SSN (See Notice Below)
Rank/Grade	Date of Debriefing (YY, MM, DD)	Billet Number
I certify that the debriefing p	presented by me was in accordance	with relevant SCI procedures.
Signature of Authorized Briefer		Organization
Printed/Typed Name (Last, Fir	st, Middle Initial)	Date of Debriefing (YY, MM, DD)

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