

MANDATORY REVIEW REQUESTOR INFORMATION

Date of Request: _____

I, _____, hereby request a mandatory review of the classified information in the attached listed documents in accordance with the provision of Executive Order 12958 Section 3.6.

(Signature)

(Printed Full Name)

Permanent
Address:

(Street Address)

(City)

(State)

(Zip Code)

Telephone:

(Business or Home Number including Area Code)

Mailing
Address:

(Street Address)

(City)

(State)

(Zip Code)

Telephone:

(Business or Home Number including Area Code)

Email
Address:

Disclosure of this information is voluntary.

The purpose for request of this information is to identify and record individuals who request mandatory review of documents and to enable later contact with the researcher regarding disposition of his or her mandatory review request.