

SECRET
Security Information

CANCELLATION OF APPLICANT PROCESSING				1. Date	
2. Name (last, first, middle)				3. Security request no. & date	
4. Position title and grade				5. Office (division, branch)	
6. Clearance:		P	S	F	7. Date security clearance granted
a. Type of clearance requested					
b. Type of clearance granted at time of cancellation, if any		P	S	F	8. Date of cancellation
9. To be completed ONLY if provisional clearance was requested					
a. Was applicant employed at time of application? (check one)		Yes	No	b. If yes, where?	City State
10. REASON FOR CANCELLATION (check one)					
<input type="checkbox"/> Accepted another position		<input type="checkbox"/> Did not want overseas			
<input type="checkbox"/> Returned to school		<input type="checkbox"/> Not interested in Washington, D. C.			
<input type="checkbox"/> Did not reply to correspondence		<input type="checkbox"/> To enter military service			
<input type="checkbox"/> Desired to remain in present position		<input type="checkbox"/> Office no longer interested			
<input type="checkbox"/> Wanted higher grade		<input type="checkbox"/> Security disapproval			
<input type="checkbox"/> Not interested (general)		<input type="checkbox"/> Cancellation advised by I&S			
<input type="checkbox"/> Declining because of family		<input type="checkbox"/> Medical disapproval			
<input type="checkbox"/> To be married		<input type="checkbox"/> Other (specify in remarks)			
<input type="checkbox"/> Unavailable now - may be avail. later		<input type="checkbox"/> No reason given			
11. Remarks:					
12. Signature					

Form No 37-129 (Previous editions Feb. 1953 not to be used)

DIST. PPD(2) M/R Br. Opr. Off. RPS L&S Med. Off.

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Original and 6 copies (snap-out form)