



DEFENSE INTELLIGENCE AGENCY  
WASHINGTON, D.C. 20301-6111

SUBJECT: Requirement for Access to DIA SUN STREAK Project

TO: Candidate for Indoctrination

You are about to be indoctrinated for access to an extremely close-hold Sensitive Compartmented Information (SCI) program - the DIA SUN STREAK Program. Access to this program may require you to undergo a polygraph examination. Additionally, the restrictions contained in the SCI Nondisclosure Agreement, which you previously signed, are binding upon your access to the SUN STREAK Program.

If you agree to the above, sign and date where indicated below. If you do not agree to the above, your indoctrination will be terminated at this point.

JACK VORONA  
Assistant Deputy Director  
for Scientific and Technical  
Intelligence

SG1J

[Redacted Signature Box]

03/21/86

SIGNATURE AND DATE

NAME (last, first, middle initial)

ORGANIZATION

Telephone Number

INSCOM  
ATTN: ZNOPS-H-C  
AHS, VA 22212

222 5100

GRADE *GM-13*

SSN:

JOB TITLE

*Intel Ops Spec.*

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL MEETS THE REQUIREMENTS FOR ACCESS TO CLASSIFIED DEFENSE INFORMATION INDICATED BELOW.

ACCESS AUTHORIZATION TO CLASSIFIED INFORMATION

PROJECT AUTHORIZED: SUN STREAK

DATE:

Authorized by

BRIEFING ACKNOWLEDGEMENT

1. I acknowledge I have been briefed concerning the project indicated above. Having received highly classified information relating to the United States Government, I am aware the unauthorized disclosure could seriously damage the national security and the transmission or revelation of such information to unauthorized persons could subject me to prosecution under the Espionage Laws (Title 18, USC, Sections 793, 794 and 798) or other applicable laws including the Uniform Code of Military Justice.

2. I do solemnly swear or affirm that I will never divulge, publish, or reveal by word, conduct, or any other means such information or knowledge except when necessary to do so in the performance of my official duties in connection with the project indicated above and in accordance with the laws of the United States, unless specifically authorized in writing in each and every case by a duly authorized representative of the United States Government. I take this obligation freely, without any mental reservation or purpose of evasion and in absence of duress.

3. I acknowledge that information I receive is provided only to persons specially approved for the project and that the information may not be further divulged without specific prior written approval from the Project Headquarters. All access is restricted to "must-know" based upon one's present position of functional use.

4. I understand that in the event I am reassigned from my present position, I will notify the office granting access to the project indicated for briefing on actions deemed necessary at the time.

SIGNATURE OF BRIEFING OFFICER

SIGNATURE OF INDIVIDUAL BRIEFED

[Signature box for Briefing Officer]

[Signature box for Individual Briefed]

SG1J

DATE

*03/21/86*

DEBRIEFING AGREEMENT

1. I hereby reaffirm my acknowledgement of being briefed on the DIA SUN STREAK Project, the text of which appears on the reverse of this form.
2. I certify I have surrendered and no longer have in my possession or custody any classified information or material acquired as a result of this association.
3. I further acknowledge and agree I have a continuing individual responsibility to the United States Government for the protection of such information and termination of access to information concerning this project does not relieve me of my obligations under this oath or any other previously executed agreements or those imposed by law.
4. I take this obligation freely, without any mental reservation or purpose of evasion and in absence of duress.

SIGNATURE OF DEBRIEFER

SIGNATURE OF ACKNOWLEDGER

DATE:

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8012; 44 U.S.C. 3101 and EO 9397.

PRINCIPAL PURPOSE: FOR GRANTING ACCESS TO A CLASSIFIED PROJECT AND TO AUTHORIZED ACCESS TO PROJECT DOCUMENTATION.

ROUTINE USE: TO RECORD PROJECT ACCESS. USE OF SSN IS NECESSARY TO MAKE POSITIVE IDENTIFICATION OF THE INDIVIDUAL AND RECORDS.

DISCLOSURE IS VOLUNTARY: FAILURE TO PROVIDE THE INFORMATION AND SSN WILL RESULT IN ACCESS BEING DENIED.