

U.S. Department of Energy Personnel Security Information Reporting Form

**Do not include or attach classified information or Unclassified Controlled Nuclear Information (UCNI) to this form.
Please consult with your local security office to submit this type of information.**

Submit to: Persecreporting@sandia.gov

Save Form

CLEARANCE HOLDER/APPLICANT INFORMATION

Today's Date

Federal

Contractor

Cognizant Personnel Security Office:

Name (Last, First, Middle):

Employer:

Date of Birth:

Last 4 SSN:

DOE# (If Known)

Clearance Level:

Special Access:

HRP

SCI

Home Address

City, State, Zip

Work Phone:

Home or Cell Phone:

Work Email Address:

Check if this report is being filed by someone other than the person named above:

Hover over each item below to get a brief description of what is included in the item. Selecting an item will open additional questions or instructions to complete the report.

Please report only one (1) event/incident per form; select all categories that apply

Arrest, Charge, Citation, Detention

Association with Foreign Nationals

Contact with Foreign Intelligence

Drug/Alcohol Treatment

Drug Use

Elicitation or Attempted Elicitation

Family Residing in Sensitive Country

Financial Anomalies

Foreign Activities

Hospitalization for Mental Health Reasons

Marriage/Cohabitation

Media Contact
 Attempting to Obtain Sensitive Information

Name Change

Unofficial Foreign Travel (Planned)

Unofficial Foreign Travel (Completed)

Other

See next page for additional questions regarding the information you are reporting

OFFICIAL USE ONLY

(when Clearance Holder/Applicant Information is included)

May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552),

Exemption number and category: 6, Personal Privacy. Department of Energy review required before public release.

Name/Organization: See Clearance Holder/Applicant Section. Date: Jan 23, 2023. Guidance (if applicable): Not Applicable.

Unofficial Foreign Travel - Planned Trip

Please provide the following information regarding your unofficial foreign travel.

Travel Start Date:

Travel End Date:

Passport Number:

Expiration Date:

Itinerary/Trip Location(s):

Mode(s) of Transportation and Identity of Carrier(s):

Your Supervisor's Name:

Phone:

Email Address:

Emergency Point of Contact

Name:

Phone Number:

Relationship:

Address:

Planned Foreign Contact

Names and Associations (Business, Friend, Relative, etc.) of Foreign National Travel Companions:

Details regarding planned interactions w/ foreign governments, companies, or citizens while on this trip (other than routine travel or tourism contacts). Include names of individual(s), citizenship, company/organization/government, and reason for contact:

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