

**SECRET**  
(When Filled In)

### SPECIAL PROJECT SECRECY AGREEMENT

I acknowledge that I have been indoctrinated in the Project identified below and thus have received highly classified information relating to United States intelligence collection activities. I am aware that the unauthorized disclosure or negligent handling of such information could seriously affect the national defense and that the transmission or revelation of such information to unauthorized persons could subject me to prosecution under the Espionage Laws (Title 18, USCA, Sections 793 and 794).

I have been informed that approval for access to Project information may only be granted by Project Headquarters. I have also been informed that extraordinary security measures and controls have been established to protect Project information and that access to such information is restricted to those who "must know" based upon their present position or functional use. I agree to advise appropriate authorities of any change in my position or function and will execute a Termination Secrecy Agreement upon notification that such is required.

I realize that a briefing of this scope and depth, which identifies sponsorship, reveals codewords, and admits to the ultimate intelligence application of the Project, is given only to those individuals who have been specifically approved for the above identified Project at the highest level and that this type information may not be divulged to individuals with lesser levels of access.

I am aware that travel to certain hazardous or denied areas of the world such as the USSR, Communist China, and Sino-Soviet satellite areas may constitute an unacceptable security risk and I agree, until formally relieved of this requirement, to request authorization from Project Headquarters prior to undertaking such travel.

Having reviewed the above security requirements, I pledge that I will never publish or reveal, by any means, classified project information to unauthorized persons. Along with this pledge I recognize and accept the fact that I have a personal and individual responsibility for the protection of all such information in my possession no matter where generated nor how acquired and agree to abide by the security requirements and regulations established for the Project.

**RETURN TO CIA**  
**Background Use Only**  
**Do Not Reproduce**

440696  
file

**SECRET**  
(When Filled In)

I understand that no change in my employment status or relationship with the United States Government will relieve me of my obligation under this Agreement.

I have been advised of the procedures to follow in order to determine the identity of individuals who have been approved for access to this Project, the current estimate of hazard involved in travel to a foreign area or to resolve any other question which may arise under this Agreement.

PROJECTS*	
BYECOM	
NAME OF WITNESS (Type or Print)	NAME (Type or Print)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	David A. Phillips
SIGNATURE/OF WITNESS	SIGNATURE
<div style="border: 1px solid black; width: 100%; height: 40px;"></div>	
REMARKS	NAME & ADDRESS OF AFFILIATION
PHASE _____	CIA/DDO
SOCIAL SECURITY# _____	DATE
DATE OF BIRTH _____	22 April 1974
PLACE OF BIRTH _____	

\*The signator should place his initials after each Project name.

**SECRET**

2/10