

TERMINATION SECRECY AGREEMENT
CLASSIFIED SENSITIVE COMPARTMENTED INFORMATION

MR
(X)

1. I acknowledge that, by virtue of my duties, I have received or been exposed to classified sensitive compartmented information, the unauthorized disclosure or negligent handling of which could adversely affect the interests of the United States Government. I am aware that the unauthorized disclosure of classified information is prohibited by the Espionage Laws (Title 18, U. S. Code, Sections 792-798) and the Internal Security Act of 1950, Section 19, P. L. 831, (81st Congress) and that a violation of these laws may subject me to prosecution by the U. S. Government.

2. I hereby reaffirm my pledge that I will never publish or reveal by any means classified sensitive compartmented information. I agree further that I do not now, nor will I ever, possess any right, interest, title or claim whatsoever to such information. I recognize the full and vested property right of the United States in such matters.

3. I certify that I have surrendered and no longer have in my possession or custody any classified compartmented information or material acquired as a result of this association.

4. I further acknowledge and agree that I have a continuing individual responsibility to the United States Government for the protection of classified sensitive compartmented information and that the termination from this relationship with my employer and/or the United States Government does not relieve me of my obligations under this agreement or any other previously executed Secrecy Agreements. I understand that I will not be relieved of these obligations except when specifically advised in writing by the sponsoring activity of the U. S. Government.

5. I understand that this document may be retained by the U. S. Government for its future use in any manner within the scope of this agreement.

6. I take this obligation freely, without any mental reservation or purpose of evasion and in the absence of duress.

DATE 30 Dec 1977	SIGNATURE <i>Charlotte Bustos-Videla</i>
WITNESS' SIGNATURE <i>Colleen A. Spender</i>	PRINTED NAME & SSN (See Reverse) 069-24-3138 Charlotte Bustos-Videla
WITNESS' PRINTED NAME 03 /s/ [Thomas A. Gaines] for	ORGANIZATION CIA/DDO/LA
COMPARTMENTED SYSTEM/PROJECT ACCESS TERMINATED: SI	RETURN TO CIA Background Use Only Do Not Reproduce

14-00000

The Privacy Act, Public Law 93-579, requires that Federal Agencies inform individuals when they are asked to provide their Social Security Account Number (SSN) whether the disclosure is mandatory or voluntary, by what authority such number is solicited, and what uses will be made of the SSN. Disclosure by you of your SSN is voluntary. The authority for this solicitation is Executive Order 9397. The SSN is used as an identifier in removing your authorized access to classified information. Failure to provide this SSN may delay the processing required in accessing authority removal.