

169102

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MED INDOCTRINATION 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 (MED) 24 Restrictions, the current Hazardous Activities Restrictions and how to resolve questions which may arise under this agreement.

I have read and understand the contents of this oath and voluntarily affix my signature hereto with the full knowledge that this oath was executed for the mutual benefit of myself and the United States Government, and that it will be retained in the files of the MCO for its future use or for reference by me at any time in the future.

In witness whereof, I have set my hand this 1st day of Apr. 1976.

TRIGRAPHS: ²⁴(MED) ²⁴(CLI) ²⁴(BRI)
²⁴(WIN) ²⁴(ADU) ²⁴(SET) ²⁴(END)

Clare Booth Luce
Signature

LEVEL 3 TYPED NAME Clare Booth Luce

GRADE/RANK _____ SERVICE _____ SSN 064-18-3062

ORGANIZATION WH/PFIAB

Witnessed by

Signature of Witness

SECRET
(when filled in)

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 requests for access certification. Failure to provide your SSN may delay the processing required to obtain a security access certification.

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