

REQUEST AND JUSTIFICATION FOR ACCESS TO CLASSIFIED MATERIAL

NAME (Typed Last, First, MI and Grade)		CLEARANCE <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Confidential <input type="checkbox"/> Final <input type="checkbox"/> Interim	
SIGNATURE		ACCESS EXPIRES (Date)	
All information available as required in support of the curriculum and assigned projects or as listed below.			
SPECIAL AREAS OF INTEREST (Use reverse, if necessary.)			
TO:		FROM:	
TYPED NAME, GRADE, AUTHORIZING OFFICER		SIGNATURE AND DATE	

AU IMT 14, 20050301, V1 Replaces MAFB Form 122, 19950501, which is obsolete.

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