

# CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN **PERSON'S FULL NAME** AND THE UNITED STATES

*(Name of Individual — Printed or typed)*

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12958, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Sections 1.1, 1.2, 1.3 and 1.4(e) of Executive Order 12958, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, \*952 and 1924, Title 18, United States Code, \*the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Sections 793 and/or 1924, Title 18, United States Code, a United States criminal law.

8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

*(Continue on reverse.)*

10. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12958, Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b) (8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that expose confidential Government agents), and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, 952 and 1924 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

11. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its implementing regulation (32 CFR Section 2003.20) so that I may read them at this time, if I so choose.

SIGNATURE <b>PERSON'S SIGNATURE</b>	DATE <b>DATE READ</b>	SOCIAL SECURITY NUMBER (See Notice below) <b>FULL SOCIAL SECURITY NUMBER</b>
--	--------------------------	--

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER)  
(Type or print)

**THE INFORMATION FROM WHICHEVER AGENCY, OFFICE, SECURITY OFFICE, (AND WHOMEVER) CONDUCTED THIS INBRIEF. THIS IS MEANT TO BE THOROUGH INFORMATION, IN CASE THE GOVERNMENT NEEDS TO FIGURE OUT IF SOMEBODY VIOLATED THE RULES SETFORTH IN THIS AGREEMENT OR DID FURTHER ADMIISTRATIVE ACTION WILL BE REQUIRED IN THE FUTURE.**

WITNESS		ACCEPTANCE	
<b>THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.</b>		<b>THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.</b>	
SIGNATURE <b>SIGNATURE OF WITNESS, ATUHZORIZED TO DO THIS</b>	DATE <b>DATE SIGNED</b>	SIGNATURE <b>SIGNATURE OF THE PERSON'S WHO IS AUTHORIZED TO GRANT ACCESS TO</b>	DATE <b>DATE SIGNED</b>
NAME AND ADDRESS (Type or print)  <b>FULL NAME OF WITNESS. THIS PERSON HAS TO BE AUTHORIZED TO BE A WINESS BY THE PERSON WHO SIGNS THE ACCEPTANCE FOR THIS AGREEMENT. THE WITNESS CANNOT BE THE SAME PERSON WHO SIGNED THIS DOCUMENT AND WHOSE NAME IS ON THE TOP OF THE FIRST PAGE. THE PERSON WHO SIGNS THS COULD BE SUBJECT TO QUESTIONING IF THE PERSON WHO SIGNED THIS AGREEMENT GETS IN TROUBLE OF BREAKS THE RULES IN THIS AGREEMENT.</b>		NAME AND ADDRESS (Type or print)  <b>FULL NAME OF PERSON IN CHARGE OF CONDUCTING THIS AGREEMENT. THIS IS NORMALLY A SECURITY MANAGER OR A DEPUTY. IN EITHER CASE THIS IS THE PERSON WHO WILL ENSURE THIS DOCUMENT IS PROPERLY FILED AND ALL THE FOLLOW-ON DATABASE ENTIERES ARE COMPLETED IN ACCORDANCE WITH THIS AGREEMENT. ALSO, IF THE PERSON WHO SIGNED THIS DOCUMENT GETS IN TROUBLE (IN VIOLATION FROM THIS AGREEMENT). THE SECURITY PERSON WHO SIGNS THE ACCEPTANCE SHOULD ALSO BE ABLE TO ANSWER SOME QUESTIONS REGARDING THE INVESTIGATION. THIS PERSON IS NOT GOING TO GET IN TROUBLE (IF THEY DID ALL THE PROPER STEPS). BUT RATHER WILL BE ABLE TO ASSIST IN THE INVESTIGATION PROCESS AS NEEDED.</b>	
<b>ALL IN RED IN THIS EXAMPLE ARE FILLED FOR RECEIVING ACCESS</b>			

### SECURITY DEBRIEFING ACKNOWLEDGEMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) ~~have not~~ (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE <b>PERSON WITH NAME IN TOP OF THIS FORM (FIRST PAGE AND SIGNED) IS SUPPOSED TO SIGN HERE WHEN NO LONGER GIVEN ACCESS TO CLASSIFIED INFORMATION. IF THEY FAIL TO DO SO, AFTER THEY NO LONGER AUTHORIZED TO SEE CLASSIFIED INFORMATION, THEY ARE STILL REQUIRED TO ABIDE BY THE AGREEMENT REGARDLESS IS THEY SIGNED THIS PART OR NOT.</b>	DATE <b>DATE SIGNED WHEN DEBRIEFED</b>
--	---

NAME OF WITNESS (Type or print) <b>PRINT NAME OF THE WITNESS WHEN THIS PERSON SIGNS THE DOCUMENT, THIS PERSON MUST ENSURE THIS IS ENTERED IN THE PROPER DATABASE AND FILED</b>	SIGNATURE OF WITNESS <b>SIGNATURE OF WITNESS. THEY ARE REQUIRED TO BE ABLE TO ANSWER INVESTIGATORS QUESTIONS IF THE PERSON IN THSI FORM BREAKS THE RULES</b>
---	---

**NOTICE:** The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

\*NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.