OFFICE SYMBOL Date

MEMORANDUM FOR Commandant, Fort McCoy Noncommissioned Officer Academy, 1361 South O. Street, Fort McCoy, WI 54656-5127

SUBJECT: Favorable Security Clearance Verification

1. NAME: Last Name, First Name, MI

 SSN:

 POB:

 DOB:

 Date/Type of Investigation:

 Date/Clearance:

NOTE: Please state the result of the investigation (Granted, No Determination Made, Denied).

2. The point of contact for this memorandum is the undersigned at commercial (xxx) xxx-xxxx or email at .mil@mail.mil.

|  |  |
| --- | --- |
|  | First Name MI. Last Name |
|  | Rank, USA |
|  | Security Manager |