PREPARED TESTIMONY REVIEW

1. TO: CHIEF, OFFICE OF SECURITY REVIEW	2. DATE

The attached document is forwarded for review in accordance with paragraph D.2.a.(2), DoD Directive 5400.4.

3. DESCRIPTION OF DOCUMENT

4. WITNESS

5. COMMITTEE/SUBCOMMITTEE

6. HEARING DATE AND SUBJECT

7. PAGE COUNT	8. THIS DOCUMENT IS FOR *(X applicable term)*	
	☐ CLASSIFIED	☐ UNCLASSIFIED PRESENTATION

9. PRIOR COORDINATION

a. NAME *(Last, First, Middle Initial)*	b. AGENCY	c. TELEPHONE *(Include Area Code)*

10. UPON COMPLETION NOTIFY

a. NAME *(Last, First, Middle Initial)*	b. AGENCY	c. TELEPHONE *(Include Area Code)*

11. DIRECT QUESTIONS TO

a. NAME *(Last, First, Middle Initial)*	b. AGENCY	c. TELEPHONE *(Include Area Code)*

12. REQUEST CLEARANCE NO LATER THAN *(YYYYMMDD)*

The attached material has department/agency approval for the purpose specified. Any portions requiring security protection have been appropriately marked.

13. ATTACHMENT	14. SIGNATURE