

1962

Department of Defense Letter of Consent

Bern Porter

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1. LAST NAME - FIRST NAME - MIDDLE NAME		2. ANY OTHER NAME (Nicks, etc.)	3. DATE
4. DATE OF BIRTH	5. PLACE OF BIRTH	6. CITIZEN OF	7. SOCIAL SECURITY NUMBER

8. PRESENT ADDRESS (Number, street, city and state)

9. ACCESS AUTHORIZED TO	10. TITLE OR POSITION OF INDIVIDUAL
11. MILITARY ACTIVITY ISSUING CLEARANCE HEADQUARTERS FIRST U.S. ARMY, G2, ISD	12. ADDRESS 35 Irving Place, New York 3, N. Y.

13. NAME OF CONTRACTOR AND ADDRESS FACILITY Federal Electric Corporation 621-672 Industrial Avenue Passaic, New Jersey Atomic Security Office	14. MANAGEMENT'S REPORT OF TERMINATION OF EMPLOYMENT
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Reference is made to the request submitted by your organization for consent to grant the above-named individual access to classified information. The consent of the Secretaries of the Army, Navy, and Air Force is hereby granted for the above-named individual to have access to classified defense information of the above-indicated or lower classification which is essential for the performance of his (her) duties in connection with Department of Defense classified contracts, while continuously employed by your organization, and during any period of reemployment which commences within six months after the cessation of a prior period of employment, unless in any case otherwise revoked. This consent will apply to the above-named individual, whether or not transferred to another facility of your organization, subject however to prompt notification of such transfer being given to the cognizant security office of both the gaining and losing facility. If you should obtain information indicating that your continued employment of the above-named individual on classified work is or may be inimical to the best interests of the United States, you are required promptly to make a complete report to the appropriate cognizant security office. Reproduction of this form in any manner, except for necessary records of your organization or unless requested by competent military authority is not authorized. Copies of this form must not be furnished to the above-named individual for any purpose whatsoever.

15. NAME AND TITLE OF CLEARING AUTHORITY Chief, Industrial Security Division	16. SIGNATURE OF CLEARING AUTHORITY [Signature]
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