**MEMORANDUM FOR RECORD**

**DATE:** [Current Date]

**FROM:** [Your Organization/Security Office Name]
[Your Address]
[City, State, Zip Code]

**SUBJECT:** Verification of Sensitive Compartmented Information (SCI) Eligibility and Access

1. The following information is provided to verify the security clearance and access level for the individual identified below:

- **Full Name:** [Subject's Full Name]
- **Social Security Number:** [XXX-XX-XXXX]
- **Date of Birth:** [MM/DD/YYYY]
- **Citizenship:** [Country]

2. Security Clearance Information:

- **Clearance Level:** [e.g., TOP SECRET]
- **Investigation Type:** [e.g., T5, T5R, SSBI]
- **Investigation Close Date:** [Date]
- **Adjudicating Agency:** [e.g., DoD CAS, IC Agency]

3. SCI Access Details:

- **SCI Eligibility Date:** [Date]
- **Current SCI Accesses:** [e.g., SI, TK, G, HCS]
- **Granting Agency:** [Name of Cognizant Security Authority]

4. This verification is provided for the purpose of [Purpose of Visit/Transfer]. This individual is currently in good standing and is briefed for the compartments listed above.

5. Point of contact for this verification is the undersigned at [Phone Number] or [Email Address].

**Signature:** _____

[Name of Security Officer]
[Title/Rank]
[Organization]