

Foreign Association – Additional Contact Sheet (ACS) _____ of _____ Contacts

PRIVACY ACT STATEMENT: Authority for collecting the requested information is contained in 50 U.S.C. § 401-441, Executive Order 10450, Executive Order 13526, Executive Order 12968, and ICD 704. DoD's Blanket Routine Uses (found at Appendix C of 32 CFR Part 310) apply to this information. Authority for requesting your Social Security Number (SSN) is Executive Order 9397, as amended. The requested information you provide will be used to confirm your identity in order to verify clearances and access. Your disclosure of the requested information is voluntary. However, failure to furnish the requested information may delay or prevent the processing of your access request.

Provide your name: **Last Name:** **First Name:** **Middle Name:** **Social Security Number (SSN):**

IMPORTANT: Complete this form if any of these (3) conditions apply:
 1. You have **immediate family members** (parents, step-parents, full/step/half siblings, spouse, children, step/adopted children, in-laws, cohabitants, and/or fiancé (e)) who were not born in the U.S., even if deceased or estranged;
 2. You have **anyone living with you that was not born in the U.S.;**
 3. You have **close and/or continuing contact with a non U.S. citizen or dual U.S. citizen** with whom you are bound by affection, kinship, influence, and/or obligation. (e.g., extended family, friends, co-workers, au pairs, etc.)

While completing this supplemental questionnaire, please ensure the following:
 -Complete each form to the best of your ability. If any information is not known to you, write UNKNOWN (UNK) or NOT APPLICABLE (N/A)
 -Type or neatly print the requested information.
 -Use additional sheets of paper if you do not have enough room in the spaces provided.
 -Each form should be completed by you; do not send the form to anyone in an attempt to have them complete the form for you.
 -Do not send the form to anyone outside of the United States.

Use discretion in collecting information from immediate family members. You may inform them that the information is for employment purposes, but please refrain from stating that the information is for employment with the United States Government, the Department of Defense, the National Security Agency, or related to security processing. **For all other associates,** don't contact them to obtain information requested on this supplemental questionnaire; fill out the form to the best of your ability using information known or readily available to you.

Foreign Associate Information

Associate Type: (Relationship to you)		Gender:	Date of Birth		or Approximate Age:
Last Name of Associate:		First Name of Associate:		Middle Name of Associate:	Suffix:
Birth Country:		Birth City/Town:		Birth State/Province:	
Other Names Used: Enter any other names used. This includes, but is not limited to: maiden name(s), former name(s), birth name(s), alias(es), nickname(es).					
Last Name:		First Name:		Middle Name:	Suffix
Provide the country(ies) of current citizenship:			Provide the country(ies) of prior citizenship:		
Naturalized U.S. Citizen?	YES	NO	Naturalization certificate number	Naturalization issuance date	
Place (City and State) issued					
Alien Registration Number:		Intend to become U.S. naturalized?		YES	NO
Current/Last Known Street Address					
Country		City/Town		State/Province	
Primary Phone		Secondary Phone		E-mail	
Last Known Occupation		Last Known Employer		Last Known Employer Address	
Date First Contacted:			Date Last Contacted:		

Frequency & Means of Current Contact: If contact is via social media platforms, provide name of platform and the contacts social media identifier.

Frequency & Means of Future Contact

Describe the closeness of this association:

Describe any foreign travel you have taken in which you were either accompanied by, or during which you met this foreign contact for any purpose:

Describe the circumstances under which you first met.

Describe any current or past ties this associate has to any foreign government, military or intelligence service:

Describe what contact this associate maintains with anyone from their birth country.

To what extent is this associate aware of your affiliation with the US government/military/intelligence community?

Does this associate maintain any business, financial (to include foreign bank/investment accounts) or property interest in a foreign country? If yes, provide a written statement detailing the facts surrounding the foreign business, financial or property interest.