Approved For Release 2000/08/07 :: CIA-RDP96-00788R001200280008-2

DATE 9 November 1979 Inactine

GRILL FLAME SECURITY AGREEMEN

I, $\angle H \ W \ H \ T \ T$, understand that the highly sensitive and classified information I have, or are about to receive as part of the GRILL FLAME Program belongs to the United States Government. I understand that the disclosure of this information is punishable under Title 18, Section 798, U.S.C., "Disclosure of Classified Information," June 1948, as amended.

I do solemnly swear that I will never divulge, publish, or reveal by word, conduct, or by any other means such classified information or knowledge, except in the performance of my official duties, and as specifically authorized in writing in each case by the appropriate agency of the United States Government.

I understand that no change in my assignment or employment will relieve me of my obligation under this agreement and that the provisions of this agreement will remain binding upon me even after the termination of my services with the United States Government.

I take this obligation of my own free will, without any mental reservation or purpose of evasion.

> DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

1. Authority: National Records Act, 44 U.S.C. 3102; E.O. 9397, Numbering System for Federal Accounts Relating to Individual Personsl, November 22, 1943.

Principal Purpose: To maintain a record of those individ-2. uals who have or have had access to GRILL FLAME information through the use of their name and/or Social Security Number.

3. Routine Uses: The Social Security Number is to be used to identify the individual, and the information is to be retained strictly within the Program.

Mandatory or Voluntary Disclosure: Information is 4. disclosed on a voluntary basis, but withholding information will render it impossible to grant an individual access to or participation in the Program.

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WITNESS:

Ltc

NAME, RANK/GRADE

ADCSUPS-HUMINT

He INSCOM UNIT/ORGANIZATION

INSLON GRILL FLAME PROJECT MANAGER

POSITION

SIGNED:

COL NAME RANK/GRADE

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DESRM HQINSLOM

UNIT/ORGANIZATION

DESRM

POSITION

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