

(IMPORTANT - Read instructions on Work Page (W) below before completing this form)		INTERAGENCY REPORT CONTROL NUMBER				
AGENCY SECURITY CLASSIFICATION MANAGEMENT PROGRAM DATA		1. FISCAL YEAR COVERED				
2. DEPARTMENT, INDEPENDENT AGENCY OR ESTABLISHMENT		3. CONTACT FOR ADDITIONAL INFORMATION (Name, office and telephone no.)				
4. SENIOR AGENCY OFFICIAL (Section 5.6, E.O. 12958)						
5. NUMBER OF ORIGINAL CLASSIFICATION AUTHORITIES						
A. TOP SECRET	B. SECRET	C. CONFIDENTIAL	D. TOTAL			
6. NUMBER OF CLASSIFICATION DECISIONS						
CLASSIFICATION LEVEL	ORIGINAL CLASSIFICATION		DERIVATIVE			
	DECLASSIFY IN 10 YEARS OR LESS (a)	EXEMPT FROM DECLASSIFICATION IN 10 YEARS (b)				
A. TOP SECRET						
B. SECRET						
C. CONFIDENTIAL						
7. MANDATORY REVIEW REQUESTS	CASES CARRIED OVER FROM THE PREVIOUS PERIOD (a)	NEW CASES RECEIVED (b)	CASES CARRIED OVER TO NEXT PERIOD (c)	DECLASSIFICATION DECISIONS (Report in pages)		
				GRANTED IN FULL (d)	GRANTED IN PART (e)	DENIED (f)
	A. REQUESTS					
B. APPEALS						
8. PAGES DECLASSIFIED: AUTOMATIC DECLASSIFICATION AND SYSTEMATIC REVIEW FOR DECLASSIFICATION] (Sections 3.4 and 3.5 of EO 12958)			9. INTERNAL AGENCY OVERSIGHT Number of Formal Inspections, Surveys, or Program Reviews			
10. EXPLANATORY COMMENTS						
<i>(Use this space to elaborate on any section of this form. If more space is needed, use a blank sheet(s) of paper and attach to form.)</i>						