

TOP SECRET RECEIPT AND ACCESS RECORD

ADDRESSEE (Complete Address)	RETURN THIS RECEIPT IMMEDIATELY TO (Complete Address)	CONTROL NUMBER
		DATE RECEIVED
		DATE DISPATCHED

DESCRIPTION (List document originator, type, abbreviated classification, unclassified subject or title, number of copies and copy numbers if any, attachments followed by abbreviated classification, other identifying data. Changes in the description (additions, withdrawals, etc.) will be shown with the date and initials of individual making entry.)

ACCESS RECORD

NAMES OF ALL INDIVIDUALS WHO HAVE RECEIVED ACCESS TO INFORMATION CONTAINED IN ATTACHED DOCUMENT

NAME	DATE	NAME	DATE

DOCUMENT RECEIPT

NAMES OF INITIAL AND SUBSEQUENT CUSTODIANS OF DOCUMENT. NEW SIGNATURE REQUIRED WHEN CUSTODY OF DOCUMENT CHANGES.

TYPED OR PRINTED NAME & GRADE OF INDIVIDUAL SIGNING FOR THE DOCUMENT	SIGNATURE	DATE

DESTRUCTION CERTIFICATE: *All material described above has been destroyed in accordance with prescribing directive.*

SIGNATURE AND GRADE OF DESTRUCTION OFFICIAL	SIGNATURE AND GRADE OF WITNESSING OFFICIAL	DATE DESTROYED