

CHANGE/UPDATE IN STATUS REPORTING FORM

Individuals are required to report changes/updates to information previously provided during their most recent background investigation that may have an impact on their status (32 CFR 117.8(c)3; NISPOM 1-3; SEAD-3). This information should be provided to the FSO for submission to the appropriate government agency for reevaluation. Your completed form should be submitted directly to OSEC via fax to 202-334-2820 or hand delivered to OSEC staff. Additional transmittal options available upon request at OSEC_PERSEC@nas.edu.

PART I. PERSONAL INFORMATION

Name (Last, First, Middle): _____

Position/Title: _____

Phone Number: _____ Email: _____

PART II. CHANGED OR UPDATED INFORMATION (Check all that apply; provide details in Part III.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Address | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Cohabitation | <input type="checkbox"/> Employment/Change in Assignment | <input type="checkbox"/> Outside Employment/Activities |
| <input type="checkbox"/> Financial Hardships | <input type="checkbox"/> Change in naturalization/citizenship | <input type="checkbox"/> Foreign Ownership/Property |
| <input type="checkbox"/> Treatment/Counseling | <input type="checkbox"/> Media Contacts (for classified/CUI info) | <input type="checkbox"/> Foreign Adoption |
| <input type="checkbox"/> Other: _____ | | |
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PART III. ADDITIONAL DETAILS

If outside employment has occurred that includes compensation or volunteer service with any foreign national; with a representative of any foreign interest; or with any foreign, domestic, or international organization, please provide the details of the employment below.

Name of company

Date of Employment

Position

☐ Volunteer ☐ Compensated

Location of Company

Please provide a brief description of the nature of company business and your role with the company. (Note: Add additional sheets of paper, if needed):

If marital status or cohabitation changes, please provide the information below.

Name Spouse/Significant Other

Date of Marriage/Cohabitation Began

Social Security Number

Date of Birth

Place of Birth

If address change, please provide the information below.

Use space below to provide additional information for other categories listed in Part II.

Signature: _____

Date of Report: _____

For OSEC Use Only

Received by: _____

Signature/Date: _____

Date Submitted to Government: _____