

Foreign National Contact Reporting Form

You are required to submit a Foreign National Contact Form as soon as possible following your contact with foreign nationals. 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.

Should any contact or circumstances (whether a foreign national is involved or not) indicate a threat to the security of U.S. personnel, DoD, or other U.S. resources, classified information, or controlled unclassified information (e.g., information subject to ITAR control) you should immediately notify OSEC at OSEC@nas.edu or 202-334-2106.

PART I: PERSONAL INFORMATION

Name (Last, First, Middle): _____

Position/Title: _____

Phone Number: _____ Email: _____

PART II: FOREIGN CONTACT INFORMATION

(Note: Use additional paper, if necessary, and fill out this section for each contact.)

Full name of non-U.S. citizen contact or government/company

Last: _____ First: _____

Government/Company: _____

Citizenship: _____ Affiliation: ☐ Business ☐ Personal ☐ Both

Occupation: _____

Contact Information (Business/home address): _____

Phone Number: _____ Email: _____

In what country was contact made: _____

Contact Method:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Meeting Attendee | <input type="checkbox"/> Email |
| <input type="checkbox"/> Conference/Seminar Attendance | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social; (please specify: _____) | |

Date of last contact: _____ Type of relationship: _____

How long have you known the contact: _____

Did you exchange business cards, telephone numbers, or addresses? ☐ Yes ☐ No

Did you have plans for future contact? ☐ Yes ☐ No

Full name of non-U.S. citizen contact or government/company

Last: _____ First: _____

Government/Company: _____

Citizenship: _____ Affiliation: ☐ Business ☐ Personal ☐ Both

Occupation: _____

Contact Information (Business/home address): _____

Phone Number: _____ Email: _____

In what country was contact made: _____

Contact Method:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Meeting Attendee | <input type="checkbox"/> Email |
| <input type="checkbox"/> Conference/Seminar Attendance | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social; (please specify: _____) | |

Date of last contact: _____ Type of relationship: _____

How long have you known the contact: _____

Did you exchange business cards, telephone numbers, or addresses? ☐ Yes ☐ No

Did you have plans for future contact? ☐ Yes ☐ No

Full name of non-U.S. citizen contact or government/company

Last: _____ First: _____

Government/Company: _____

Citizenship: _____ Affiliation: ☐ Business ☐ Personal ☐ Both

Occupation: _____

Contact Information (Business/home address): _____

Phone Number: _____ Email: _____

In what country was contact made: _____

Contact Method:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Meeting Attendee | <input type="checkbox"/> Email |
| <input type="checkbox"/> Conference/Seminar Attendance | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social; (please specify: _____) | |

Date of last contact: _____ Type of relationship: _____

How long have you known the contact: _____

Did you exchange business cards, telephone numbers, or addresses? ☐ Yes ☐ No

Did you have plans for future contact? ☐ Yes ☐ No

The reporting and maintenance of information relative to foreign travel and to the contact of foreign nationals and others of concern is required by various DoD directives. This information must also be reported during your periodic reinvestigation of your personnel security clearance.

This information will be maintained in your security folder maintained by The National Academies. If you are briefed into special access programs or sensitive compartmented information programs, you may have different reporting requirements. Please verify this with the agency that holds your special accesses.

Signature: _____

Date submitted: _____

OFFICE OF PROGRAM SECURITY USE ONLY

Received by: _____ Date: _____
