## FOREIGN TRAVEL WORKSHEET

Authority: 5 U.S.C. 301, Departmental Regulations; National Security Act of 1947, as amended, 50 U.S.C. 401, et.seq.; E.O. 9397 (SSN); E.O. 12333; DoD 5240.1-R, Procedures Governing the Activities of DoD Intelligence Components That Affect United States Persons.

Purpose(s): Information is used to assign, categorize and administratively track foreign travel, contacts, and incidents or concerns; monitor, analyze, and track counterintelligence activities; prepare and

pursue investigations involving counterintelligence activities; and to collect data regarding unusual or suspicious events at or near agency facilities.

Routine uses: In addition to the statutory disclosures permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records may specifically be disclosed outside the agency as a routine use pursuant to 5 U.S.C. 552a(b)(3). Disclosures may be pursuant to DoD 'Blanket Routines Uses' published in the Federal Register at the beginning of the agency compilation of systems of records notices.

Disclosures: Disclosure of information is voluntary; however, failure to provide complete information may delay processing of the form.

Falls under B-RCS-700-03 for records retention.

Pails under b-RC5-700-03 for records retention.								
Traveler Information								
Traveler information								
SSN (last 4):	First Na	ime:			Last N	ame:		
		<b>,</b>			<b>'</b>			
General Details								
Submission Type:								
Travel Type: Travel companions:			nily Co-worker	Other				
Plan	nned Foreign Contac		illy Co-worker	Other				
Reported Foreign Contacts:								
Reported Foreign contacts.								
Emergency Contact #1								
First No.					Look Nove o			
First Na Phone Num					Last Name: Relationship:			
Address Lin				<u>'</u>	veiationsinp.			
Address Lin								
	City:		State/Province	:			Postal Code:	
Coun				·			. 0000. 0000.	
33 83								
Emergency Contact #2 (Optional)								
			<u> </u>	· ·	' '			
First Na	+				Last Name:			
Phone Num				ı	Relationship:			
Address Lin	+							
Address Lin	e 2:							
(	City:		State/Province	:			Postal Code:	
Coun	try:							
Emergency Contact #3 (Optional)								
First Na	me:				Last Name:			
Phone Num				ı	Relationship:			
Address Lin				l .				
Address Lin								
	City:		State/Province	:			Postal Code:	
Coun				•				