

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
SCI SCREENING CONTINUATION SHEET

Last, First, MI	EMPLID	Rank/Code
-----------------	--------	-----------

PURPOSE: This continuation sheet is used to explain any affirmative answers from the SCI Screening Checklist (New) or the SCI Screening Checklist (Change). Before each answer identify the question number. Refer to the instructions located on the back of the other forms to ensure each answer contains all required information. Use additional sheets as necessary.

My answers on this form, and on any attachments, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information will have a negative effect on my security clearance, employment prospects, or job status up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Member	Member Signature	Date
SSO Name	SSO Signature	Date

Privacy Act Statement

In accordance with Title 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard.

Authority - Title 37 USC Sections 403 & 404

Principal Purpose(s) - Used as aid for SCI eligibility determinations

Routine Uses - Same

Disclosure - Disclosure of information is voluntary. Failure to answer will result in cessation of all SCI security processing with notification made to SSO Coast Guard.