



Security Department

# SECURITY CLEARANCE FORM

NAME: \_\_\_\_\_

ID: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

AUTHORISING OFFICER: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

## ITEMS/EQUIPMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Removal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Removal

Date to be Returned

Head of Security:

Date

Releasing Security Officer

Date

Receiving Security Officer

Date