

MAIN OFFICE

4695 Millennium Drive
 Belcamp, MD 21017-1505
 Voice: 443-360-4600
 Fax: 410-272-6763
 Web: www.dsiac.org
 Email: contact@dsiac.org



Defense Systems
 Information Analysis Center

SATELLITE OFFICE

704 TG/OL-AC/DSIAC
 2700 D Street, Building 1661
 Wright-Patterson AFB, OH 45433-7403
 Voice: 937-255-3828
 Fax: 937-255-9673

REQUEST FOR RELEASE OF LIMITED DOCUMENT – FORM 55

Form 55 Instructions for the Requester:

- Separate Forms 55 must be completed for each request.
- Complete Sections I, II, and III. Section IV may be completed if the information is available.
- Contractors and Grantees must complete the Contractors Only portion of Section I for need-to-know purposes.
- Enter your routing information in the User Routing block, if desired, for your internal control purposes.
- Explain in detail your requirement for the document. Include appropriate contract information and explain need-to-know in Section III.
- If you have any questions, you may contact 443.360.4600 or christi.brayden@dsiac.org.

Fields with an * are required.

I. REQUESTING ORGANIZATION

Enter your DTIC user ID: *

Requesting Organization: *

Address: *

City: *

State: *

Zip Code: *

Requesting Officer: *

Requesting Officer Phone *

Requesting Officer Email: *

Fax:

CONTRACTORS ONLY

Contract Number:

Contract Security Level:

Government Monitoring Organization:

Sponsor Address:

City:

State:

Zip:

Government Contract Monitor:

Phone:

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Enter the type of media; and the number of copies requested.

Type Copy and Quantity: * Paper Electronic (if available)
 CD/DVD SIPR (for classified requests)

Delivery Method

Postal Address for receipt of unclassified/classified material is as follows (Classified requests: include FSC #):

SIPR address:
Classified requests only

II. BIBLIOGRAPHIC INFORMATION

Accession No.: *
Distribution Limitation(s):

Title:

Report Number:
Author:
Corporate Author:
Report Date:
Contract Number:
Report Classification:
Distribution Statement:

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III. REQUESTER JUSTIFICATION

Requestor Justification *

IV. RELEASING AGENCY (Not Required)

Releasing Agency Name:
Releasing Agency's Address:
City:
State:
Zip:
Fax:
Email:
Releasing Agency POC:
Releasing Agency's Phone:

V. CERTIFYING OFFICIAL/NEED-TO-KNOW

Signature of Requester *

Signature of Certifying Need-to-Know Official *

Name/Title of Requester *

Name/Title of Certifying Official *

Telephone Number *

Telephone Number *

Email Address *

Email Address *

Signature of Commanding Officer, Supervisor, or Security Manager/Officer is required to certify need-to-know.