

Required Information
For the
Security Assurance Check (SAC) Request
(To Be Completed by Student Applicant)

Please mail or fax this information to the Student Internship Coordinator at Post.

1. Full Name: _____
2. Social Security Number: _____
3. Place of Birth (POB): _____
4. Date of Birth: _____
5. Current Street Mailing Address: _____

6. Phone Number: _____
7. E-Mail Address: _____