



**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:**

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**2. Social Security Number:**

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**3. Place of Birth (POB):**

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**4. Date of Birth:**

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**5. CURRENT mailing address:**

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**6. Phone Number:**

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**7. E-Mail Address:**

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