

PRESENTATION/POSTER DISCLOSURE AUTHORIZATION FORM

FOR PUBLIC DOMAIN SESSIONS

Fifth Annual Workshop on High Performance Embedded Computing (HPEC 2001)
MIT Lincoln Laboratory
Attn: Jane Daneu
244 Wood Street, Room C-385
Lexington, MA 02420-9108
phone: (781) 981-4842
fax: (781) 981-2517

Do not use this form for closed/limited sessions.

This completed form must be received by 17 September 2001 for presentation at the Workshop and for inclusion in the proceedings document. Unless this form is received prior to presentation, the presentation must be cancelled.

PART I: TO BE COMPLETED BY AUTHOR

Title of presentation:
Author(s):
Name of organization:
Address:
Telephone:
Classification: UNCLASSIFIED
Based on IR&D? Yes No
Presentation cleared for public release by: Case #

PART II: TO BE COMPLETED BY A CERTIFYING OFFICIAL\*

Disclosure authorization is not required for this presentation because (check one only):
no government funds are involved, or
presentation is under fundamental research under 6.1 funding
I hereby authorize oral disclosure of this presentation at the above Workshop and publication of the information in the Workshop proceedings.
Unclassified presentation by DoD personnel.
Unclassified contractor presentation of material not related to work under DoD contract.

Sponsoring Agency Certifying Official †
Telephone Date Title

\* For U.S. Government employee presentations - Agency Security Manager or Department Head
† For contractor employee Presentations - User Agency Contract Monitor, Security Manager, or other Cognizant U.S. Government Official

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see instructions on reverse side

## Instructions for the Disclosure Authorization Form

The Security Office of MIT Lincoln Laboratory has been assigned responsibility for disclosure authorization procedures for the HPEC 2001 Workshop. Both DoD and Industrial Security Regulations require written authorization for oral presentations or publication of materials. Disclosure authorization is required for unclassified contractor papers relating to work done under DoD contracts.

The Disclosure Authorization form consists of two parts:

Part I: Basic information about the presentation to be completed by all presenters

Part II: Disclosure authorization disclaimer

This Disclosure Authorization Form will be used for the presentation and the proceedings document. The completed Disclosure Authorization Form must be received by MIT Lincoln Laboratory by 17 September 2001. Please note that it can take six weeks or more to receive disclosure authorization from your sponsor after the presentation is prepared. No presentations will be permitted without proper authorization.

It is emphasized that disclosure authorization must be provided for all papers relating to work done under DoD contracts. The certifying official must in all cases be a U.S. Government employee representing the author's agency or the appropriate user agency.

### Instructions for Part I

If the research being presented is based on IR&D (internal research and development) or academic funding, mark "yes" here and skip the rest of Part I. Otherwise, please provide the name of the office or agency providing the clearance for public release and the case number associated with the abstract and presentation.

### Instructions for Part II

If the research being presented is based on academic funding, or is based on fundamental research under 6.1 funding, please check the appropriate line and skip the remainder of Part II.

If the research being presented involves government funds and is not fundamental research under 6.1 funding, select either "Unclassified presentation by DoD personnel" or "Unclassified contractor presentation of material not related to work under DoD contract", and complete the remainder of Part II.

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**PART I: TO BE COMPLETED BY AUTHOR**

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Author(s): \_\_\_\_\_  
Name of organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Classification: **UNCLASSIFIED**  
Based on IR&D?  Yes  No  
Presentation cleared for public release by: \_\_\_\_\_ Case # \_\_\_\_\_

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**PART II: TO BE COMPLETED BY A CERTIFYING OFFICIAL\***

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\_\_\_\_\_ (signed)

Telephone \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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