

NAME AND ADDRESS OF UNIT/ACTIVITY OR INDIVIDUAL	
BY (Signature and title of person signing order)	TELEPHONE NUMBER
<p>THE ABOVE NAMED UNIT/ACTIVITY OR INDIVIDUAL HEREBY AUTHORIZES REPRESENTATIVES WHOSE SIGNATURES APPEAR BELOW TO RECEIVE UNRESTRICTED REGISTERED, CERTIFIED, INSURED, C.O.D., AND SPECIAL DELIVERY MAIL ADDRESSED TO OR IN CARE OF THE ABOVE NAMED UNIT/ACTIVITY OR INDIVIDUAL UNTIL OTHERWISE NOTIFIED IN WRITING, AND ASSUMES ALL RESPONSIBILITY FOR LOSS, RIFLING, OR DAMAGE OF SAID MAIL AFTER PROPER DELIVERY. ALL PREVIOUS ORDERS ARE HEREBY REVOKED. <u>SPECIAL INSTRUCTIONS:</u> WHERE <u>RESTRICTED DELIVERY MAIL</u> IS TO BE INCLUDED, THE STATEMENT "THIS AUTHORIZATION IS EXTENDED TO INCLUDE <u>RESTRICTED DELIVERY MAIL</u>." MUST BE ENTERED ON THIS FORM BY THE PERSON SIGNING IT. THIS NOTATION IS TO BE MADE ON THE PART OF THE FORM PROVIDED FOR SIGNATURES OF AUTHORIZED AGENTS. <u>I CERTIFY THAT THE INDIVIDUAL(S) LISTED BELOW HAVE A CLEARANCE AND ACCESS LEVEL OF AT LEAST SECRET.</u></p>	
SIGNATURE OF CLERK VERIFYING CUSTOMER'S SIGNATURE	DATE
SIGNATURES OF AUTHORIZED AGENTS	

FHT FORM 380-X8, MAY 2000 (DOIM)

CONTROL MAIL AUTHORIZATION
(AR 380-5)

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