



SURVEILLANCE CONSENT AUTHORIZATION

WARNING NOTICE: INTELLIGENCE SOURCES AND METHODS INVOLVED

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I , born on do voluntarily consent to perform duties as a BEACON (U) for Project SUN STREAK (U) training and operational missions. I understand that as a BEACON, I will serve as the focus for Remote Viewers. In consenting to this statement I acknowledge that this authorization:

- a. Will only pertain to training and actual SUN STREAK (U) missions and only with my prior consent and knowledge.
- b. Can be entirely or selectively withdrawn without question or penalty. To do so, I need only to orally inform my immediate supervisor, the unit operations officer or the project manager that I wish to withdraw my consent without further explanation.
- c. Will suppose the possibility of inadvertent surveillance of my most intimate and personal thoughts and that such inadvertent surveillance will not be reported nor become a matter of any official records and that the nature of this inadvertently collected information will be held in strictest confidence.
- d. Will at no time be construed as authorization, implied or stated, to conduct any type of physical, technical or yet to be defined form of surveillance without my prior knowledge and consent.

This statement of authorization is executed in the presence of the witness whose signature appears on this 7th day of July, 19 88, without reservation, amendment or restriction and without coercion or implied and/or stated inducements.//END//

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(SIGNATURE) (DATE)

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17 July 88
(WITNESS) (DATE)