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DEFENSE INTELLIGENCE AGENCY
WASHINGTON DC 20301 6111

STATEMENT OF CONSENT
DIA SUN STREAK PROJECT PARTICIPANT

Date:

1. (S/SK) I, _____ voluntarily accept assignment to the DIA SUN STREAK PROJECT (DSSP) and fully understand that:

a. (S/SK) The DSSP is an experimental program that applies psychoenergetics research to intelligence activities. Specifically, the mission of the DSSP is to collect intelligence information through the use of psychoenergetic technology. Psychoenergetics is the process by which an individual perceives, communicates with, and/or perturbs characteristics of a designated target, person, or event remote in space and/or time from that individual by mental means. Development and use of DSSP operational intelligence collection personnel will be accomplished in accordance with established procedures. The Deputy Secretary of Defense has granted approval for the conduct of DSSP activities in accordance with Procedure 13, DoD 5240.1-R.

b. (C/NOFORN) Assignments in DSSP are governed by the type and degree of expertise required for the position, and are made according to individual capability and experience, regardless of rank or previous position. I understand that I may at any time ask questions of the Commander, Prototype Operational Group (POG), DSSP or other appropriate project personnel relating to areas unclear to me. Additionally, I understand that my participation in DSSP is voluntary and that at my request I may at any time be reassigned without fear of adverse personnel action. The nature of my involvement in DSSP along with associated records will be protected under project security measures.

c. (S) Upon my assignment to the DSSP, the primary consideration will be the Project's mission and operational requirements. I understand that this may consequently delay normal career development patterns such as branch schooling and assignment opportunities, and that these disruptions may prejudice future promotion and assignment potential; however, I have been assured that every effort will be made to preclude the adverse effects mentioned above on my career.

d. (S/SK) I understand that there is no demonstrated risk of permanent or temporary injury (including physical, psychological

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H A N D L E V I A S K E E T C H A N N E L S O N L Y

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and/or damage to participants' reputation) to project personnel beyond risks to which they would ordinarily be exposed in their daily lives. However, I understand further that potential for injury during DSSP-related activities cannot be conclusively ruled out.

1. (S/SK) I may temporarily choose not to participate in the project at specific times, or permanently discontinue participation without prejudicial effect. Termination or temporary declination will be effected by notifying the Commander, POG, DSSP or his designated representative.

2. (S/SK) As a participant in DSSP, and IAW DoD 5240.1-R, I consent to video, audio recording, monitoring and transcribing of all training and operational interviews in which I am in any way involved as part of the DSSP mission. I understand that these recordings are subject to being monitored and/or transcribed by third parties not otherwise involved in operations or training.

3. (C/NOFORN) I hereby acknowledge receiving separate counseling concerning my assignment to DSSP. Fundamental training and operational procedures and their purposes, as well as any attendant discomforts, risks, and benefits have been explained to me.

Signature (Witness)

Name, Rank/Grade

Social Security Number

Signature (Participant)

Name, Rank/Grade

Social Security Number

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

- 1. Authority: Title 10, U.S.C. Section 8012; Title 44, U.S.C., Section 3101 and 309397.
- 2. Principal Purpose: To maintain a record of those individuals who have executed statements of informed consent as participants in DSSP.
- 3. Routine Uses: The Social Security Number is to be used to identify the individual, and the information is to be retained strictly within the program.
- 4. Mandatory or Voluntary Disclosure: Information is disclosed on a voluntary basis, but withholding information will render it impossible to grant an individual access to or participation in the program.