



Drug Enforcement Administration  
Office of Security Programs

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## FOREIGN NATIONAL RELATIVES OR ASSOCIATES STATEMENT

Please describe the nature, frequency and degree of your contact with the foreign national relatives/associates you listed on your Standard Form 86 - Questionnaire for National Security Positions (you may use additional sheet(s) of paper, if necessary).

**Name of Relative**

**Nature, Frequency and Degree of Contact**

### **Certification:**

I hereby certify that I will notify the Drug Enforcement Administration, Office of Security Programs, if for any reason, my relatives or associates are used in an effort to coerce, influence or pressure me to act in a manner contrary to the best interests of the national security.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name