REQUEST FOR APPROVA			Secret	HOEF 65
TO : Chief, Employee	Activ	ity Branch,	PSD/OS	
SUBJECT: Request for Secu			Liaison one-time basis	
CIA EMPLOYEES		NON-CIA EMPLOYEES		
NAME	EXT.	OFFICE		Jr. Co
NAME	EXT.	OFFICE		
NAME	EXT.	OFFICE		
NAME	EXT.	OFFICE		
NAME	EXT.	OFFICE	1	
Capabilities Briefings Bodders Conferences - Current Address Date of Birth - 21111ard Place of Birth - Roanok Cleavance - T.S., I Dece TOP SECRET OFFICE/DYVISION/STAFF 4 DS NPICE HOM/BLDG/EXT. HY 411	en 19- e, Va em be	ry , r 1964, DC		CONFIDENTIAL
		security cla does not wai contained in of intellige Authori	ve any other authoriz Agency Regulations r nce and intelligence zation for liaison co	icated. This approval ation requirements egarding dissemination information. ntact expires one year
Declass Review by NG		from date. In ual named in	Any change in employm validates this approv DIRECTOR OF SECURITY	ent status of individ- al.