

**BEST AVAILABLE COPY**

**PERSONALITY (201) FILE REQUEST**

<b>TO</b> RI/ANALYSIS SECTION	<b>DATE</b> 3 June 57	<b>ACTION</b>		
<b>FROM</b> DEC		<input checked="" type="checkbox"/> OPEN	<input type="checkbox"/> AMEND	<input type="checkbox"/> CLOSE
		ROOM NO.	TELEPHONE	

**INSTRUCTIONS:** Form must be typed or printed in block letters.

**SECTION I:** List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

**SECTION II:** List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

**SECTION III:** To be completed in all cases.

**SECTION I**

<input type="checkbox"/> SENSITIVE	[ ]	<b>SOURCE DOCUMENT</b>				
<input checked="" type="checkbox"/> NONSENSITIVE		DFB 84279				
<b>NAME</b>	(Last)	(First)	(Middle)	(Title)	<b>SEX</b>	3.
LEFTMAN		EDUARD			<input checked="" type="checkbox"/> M	<input type="checkbox"/> F

**NAME VARIANT**

<b>TYPE NAME</b>	2.	(Last)	(First)	(Middle)	(Title)

**RECORD COPY**

<b>PHOTO</b>	4.	<b>BIRTH DATE</b>	5.	<b>COUNTRY OF BIRTH</b>	6.	<b>CITY OR TOWN OF BIRTH</b>	7.	<b>OTHER IDENTIFICATION</b>	8.	
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	D 14 M 02 Y 13	USSR			1.	2.	3.
<b>OCCUPATION/POSITION</b>								<b>OCC/POS. CODE</b>		9.

**SECTION II**

<b>CRYPTONYM</b>	<b>PSEUDONYM</b>

**SECTION III**

<b>COUNTRY OF RESIDENCE</b>	10.	<b>ACTION DESK</b>	11.	<b>SECOND COUNTRY INTEREST</b>	12.	<b>THIRD COUNTRY INTEREST</b>	12a.
		SR/CE		CAN			

**COMMENTS:**

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCES METHODS EXEMPTION 382B  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2002 2006

**PUNCHED**

<b>PERMANENT CHANGE</b>	<b>RESTRICTED FILE</b>	<b>SIG.</b>
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	[ ]