

(b)(3)
(b)(6)

<input type="checkbox"/> TRANSMITTAL OF SIGNIFICANT PERSONNEL INFORMATION	<input checked="" type="checkbox"/> REPORT ON EXISTENCE OF SIGNIFICANT PERSONNEL INFORMATION	
TO - DIRECTOR OF PERSONNEL	FROM - <input type="checkbox"/> COMPTROLLER <input checked="" type="checkbox"/> DIRECTOR OF SECURITY <input type="checkbox"/> CHIEF, MEDICAL STAFF <input type="checkbox"/> OFFICE OF PERSONNEL	
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) HUMB, Everett Howard, Jr.	DOB OR SERIAL NUMBER [REDACTED]	OFFICE OF ASSIGNMENT DDP, [REDACTED]
THE OFFICE INDICATED ABOVE DESIRES TO REPORT THE FOLLOWING PERTAINING TO THE NAMED EMPLOYEE:		
<input type="checkbox"/> See Attached		
THE ABOVE (OR ATTACHED) INFORMATION IS REPORTED:		
<input type="checkbox"/> FOR INFORMATION ONLY. FURTHER INFORMATION <input type="checkbox"/> MAY <input type="checkbox"/> MAY NOT BE ANTICIPATED.		
<input type="checkbox"/> FOR ANY ACTION DEEMED APPROPRIATE.		
<input checked="" type="checkbox"/> INFORMATION IS WITHHELD FOR THE FOLLOWING REASON - CHECK (X):		
<input type="radio"/> SOURCE PROTECTION <input type="radio"/> OPERATIONAL SECURITY <input checked="" type="radio"/> PRIVILEGED <input type="radio"/> OTHER (SPECIFY BELOW)		
FOR FURTHER INFORMATION CALL: [REDACTED]	RELEASING OFFICER: [REDACTED]	DATE 28 Aug 1963

Form 1-63 2034

~~SECRET~~
EYES ONLY

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION