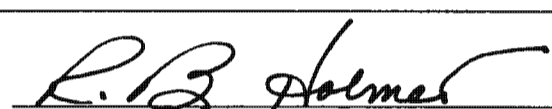


1	TYPE FPE	YEAR 81 85-86-87-88-89	NUMBER 0351	DOC. NO. 30240	NEW DOCUMENT RECORD Instructions for Divisions and Staffs: 1. Fill in and Sign on Line 11. 2. Use back of form for any additional comments.			
2	DOCUMENT DESCRIPTION (Circle if appropriate) (30 CHARACTERS) CABLE FORM DISPATCH LETTER MEMO REPORT AIRGRAM DIR 323590					DAY 08	MONTH NOV	YEAR 78
3	FROM/ORIGINATOR (30 CHARACTERS) DIR			TO/RECIPIENT (30 CHARACTERS) 15-2				
4	CLASS	WHERE LOCATED (10 CHARACTERS)	REFERRED BY (10 CHARACTERS)	DDO ?	DO FILE NUMBER (20 CHARACTERS)			
5	SUBJECT (80 CHARACTERS) HSCA REQUEST (K0)⁰² AFGHAN INTERVIEW.							
6	TYPE OF REVIEW I A L	DATE OF REVIEW	DAY 18	MONTH AUG	YEAR 59			
7	Determinations: <input type="checkbox"/> A. Release in full text <input type="checkbox"/> B. Release in sanitized form <input checked="" type="checkbox"/> C. Deny in toto <input type="checkbox"/> D. Defer decision to (Specify in line 8) <input type="checkbox"/> H. Coordinate with (Specify in line 8)			<input type="checkbox"/> E. Sustain initial denial in toto <input type="checkbox"/> F. Sustain initial release of sanitized version <input type="checkbox"/> G. Release additional information				
8	DEFER DECISION TO (10 CHARACTERS)	COORDINATE WITH (10 CHARACTERS)	NEW CLASS	 SIGNATURE OF DO/MS/FPLG REVIEWING OFFICER				
9	EXEMPTIONS AND PROVISIONS CLAIMED (40 CHARACTERS) <input checked="" type="checkbox"/> FOIA B1 B2 B3 B4 B5 B6 B7C			PA B J1 J1 J1 K1	E.O. 12356			
10	EXEMPTIONS AND PROVISIONS CLAIMED TO PROTECT THE FOLLOWING:							
					FOIA	PA		
	<input checked="" type="checkbox"/>	1. Classification			(b) (1)	(k) (1)		
	<input type="checkbox"/>	2. Information from liaison with a Foreign Government			(b) (3)	(i) (1)		
	<input type="checkbox"/>	3. Information pertaining to a liaison relationship with a Foreign Government			(b) (3)	(i) (1)		
	<input type="checkbox"/>	4. Information which would/could identify the source			(b) (3)	(i) (1)		
	<input type="checkbox"/>	5. Information pertaining to a source			(b) (3)	(i) (1)		
	<input type="checkbox"/>	6. Information pertaining to intelligence methods			(b) (3)	(i) (1)		
	<input checked="" type="checkbox"/>	7. Location of CIA overseas installation			(b) (3)	(i) (1)		
	<input type="checkbox"/>	8. Location of unacknowledged domestic installation			(b) (3)	(i) (1)		
	<input type="checkbox"/>	9. Name of CIA employee			(b) (3)	(i) (1)		
	<input checked="" type="checkbox"/>	10. File number			(b) (3)	(i) (1)		
	<input type="checkbox"/>	11. Pseudonym			(b) (3)	(i) (1)		
	<input checked="" type="checkbox"/>	12. Cryptonym			(b) (3)	(i) (1)		
	<input checked="" type="checkbox"/>	13. Internal organizational data			(b) (3)	(i) (1)		
	<input type="checkbox"/>	14. Name of an FBI agent			(b) (7) (c)	(i) (1)		
	<input type="checkbox"/>	15. FBI file number			(b) (2)	(i) (1)		
	<input type="checkbox"/>	16. Privacy of other individual			(b) (6)	(b)		
	<input type="checkbox"/>	17. Does not pertain to request						
	<input type="checkbox"/>	19. Other (Specify in line 11)						
11	REMARKS (IF OTHER WAS CHECKED ABOVE) (40 CHARACTERS)			SIGNATURE/OFFICE OF DO COMPONENT REVIEWING OFFICER				
12	REMARKS (160 CHARACTERS) INCLUDES: ²⁰⁻² [] -41915 (IN 1541465) 08 NOV 78; DIR-324426, 09 NOV 78;							
13	²⁰⁻² [] 41941 (IN 1561389), 14 NOV 78. ALL DENIED							
14	This Form is Unclassified Unless The Classification is Checked and The Information below is completed. CL BY: _____ DECL OADR _____ DRV FROM: _____							

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