

JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

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TO :
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[R] - ITEM IS RESTRICTED 104-10123-10206

I understand that no change in my employment status or relationship with the United States Government will relieve me of my obligation under this Agreement.

I have been advised of the procedures to follow in order to determine the identity of individuals who have been approved for access to this Project, the current estimate of hazard involved in travel to a foreign area or to resolve any other question which may arise under this Agreement.

PROJECTS* <i>Jci</i> <i>Jci</i> <i>Jci</i> <i>Jci</i> <i>Jci</i> GAMBIT EARPOP DORIAN QUILL UPWARD	
NAME OF WITNESS (Type or Print)	NAME (Type or Print) James P. O'Connell
SIGNATURE OF WITNESS <i>J.P. O'Connell</i>	SIGNATURE <i>James P. O'Connell</i>
REMARKS	NAME & ADDRESS OF AFFILIATION CIA/DDS/SEC
	DATE 6 FEB 1967

*The signator should place his initials after each Project name.