

SECRET

CONFIDENTIAL

RESTRICTED

DATE

19 Mar

TO

FROM

TO

FROM

<input type="checkbox"/> Chief, ASA	(10)	<input checked="" type="checkbox"/>	Tech Staff	(96)
<input type="checkbox"/> Executive O	(11)	<input type="checkbox"/>	Ch, Security Div	(80)
<input type="checkbox"/> Co'r Joint Oper	(12)	<input type="checkbox"/>	Tech Staff	(81)
<input type="checkbox"/> Deputy Chief, ASA	(20)	<input type="checkbox"/>	Ch, Materiel Br	(82)
<input checked="" type="checkbox"/> Ch, Comm Res Sec	(14)	<input checked="" type="checkbox"/>	Ch, Methods Br	(83)
<input type="checkbox"/> Ch, Hist Unit	(18)	<input type="checkbox"/>	Ch, Protective Br	(84)
<input type="checkbox"/> Ch, Pers Sec	(21)	<input type="checkbox"/>	Ch, Maint Br	(85)
<input type="checkbox"/> Ch, Org & Tng Sec	(22)	<input type="checkbox"/>	Ch, Res Lab Div	(70)
<input type="checkbox"/> Ch, Plans & Oper	(23)	<input type="checkbox"/>	Tech Staff	(71)
<input type="checkbox"/> Ch, Materiel Sec	(24)	<input type="checkbox"/>	Ch, Ch Ciph & Cif Br	(72)
<input type="checkbox"/> Ch, Fiscal Sec	(25)	<input type="checkbox"/>	Ch, Int Equip Br	(73)
<input type="checkbox"/> Adjutant, ASA	(26)	<input type="checkbox"/>	Ch, Elec & Elec Br	(74)
<input type="checkbox"/> Ch, Sec Cont Sec	(27)	<input type="checkbox"/>	Ch, Lab Serv Br	(75)
<input type="checkbox"/> Ch, Operations Div	(90)	<input type="checkbox"/>	Ch, C'logic Br	(76)
<input type="checkbox"/> Ch, Lab Br	(91)	<input type="checkbox"/>	Ch, Pers & Tng Br	(61)
<input type="checkbox"/> Ch, Machine Br	(92)	<input type="checkbox"/>	Ch, Supply Br	(62)
<input type="checkbox"/> Ch, Crypt Br	(93)	<input type="checkbox"/>	Co, Arlington Hall	(40)
<input type="checkbox"/> Ch, Int Cont Br	(94)	<input type="checkbox"/>		
<input type="checkbox"/> Ch, I & D Br	(95)	<input type="checkbox"/>		

- | | |
|--|--|
| <input type="checkbox"/> Approval & Return | <input type="checkbox"/> Information & File |
| <input type="checkbox"/> As Requested | <input type="checkbox"/> Recommendation |
| <input type="checkbox"/> Concurrence or Comments | <input type="checkbox"/> Signature if approved |
| <input type="checkbox"/> Information & Forwarding | <input type="checkbox"/> Your action by |
| <input checked="" type="checkbox"/> Information & Return | <input type="checkbox"/> Info upon which to base reply |

*This is the final result
including recommendations
which you prepared*

HSA