



**DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY**  
**OFFICE OF PRIVACY, CIVIL LIBERTIES, AND FREEDOM OF INFORMATION**  
**BUILDING 601 10TH STREET**  
**FORT GEORGE G. MEADE, MD 20755-5615**

April 16, 2025  
DCSA-M 25-06720

Mr. John R. Greenewald  
27305 W. Live Oak Road, Suite #1203  
Castaic, CA 91384

Dear Mr. Greenewald:

This is in response to your October 18, 2021, request to the Federal Bureau of Investigation (FBI), Freedom of Information/Privacy Office, wherein you requested a copy of all documents to include videos, photos, and electronic, that pertain to or mention Colin Luther Powell. FBI referred your request and records that originated from our command, for a release determination and direct response to you. The referral was received in the Defense Counterintelligence and Security Agency (DCSA) Freedom of Information/Privacy (FOI/P) Office for Adjudications and Vetting on March 10, 2025.

We reviewed the documents in accordance with the Privacy Act of 1974, as amended, and the Freedom of Information Act (FOIA). Our review included consideration of the FOIA foreseeable harm standard. Under this standard, the content of a particular record should be reviewed, and a determination made as to whether the agency reasonably foresees that disclosing it would harm an interest protected by one of the FOIA exemptions.

We withheld portions of the documents under the provisions of the *Privacy Act of 1974*, exemption (k)(2), and FOIA exemptions (b)(3), (b)(6) and (b)(7)(c). Privacy Act exemption (k)(2) protects investigatory and vetting material compiled for non-criminal law enforcement purposes that, if released, might interfere with a civil or administrative action, or investigation, and result in the unwarranted invasion of personal privacy of others. FOIA exemption (b)(3) subpart (B) protects the disclosure of certain organizations, or any function of the organizations as identified in Title 10 U.S.C § 424 and Title 50 U.S.C. § 3141(a). FOIA exemptions (b)(6) and (b)(7)(C) protects the disclosure of information that could reasonably constitute an unwarranted invasion of the personal privacy of the individual(s) involved or those utilizing survivor benefits.

Additionally, the FBI withheld information citing 5 U.S.C. § 552 (b)(6) and (b)(7)(C). Portions of the record contain privacy-related information about a party other than yourself. Thus, you are not entitled to third party information under the provisions of the Privacy Act. This information is also being withheld as disclosure of the information would constitute a clearly unwarranted invasion of the personal privacy of third-party individuals.

You have the right to appeal this response by submitting a written request to the: Defense Counterintelligence and Security Agency, ATTN: Office of General Counsel, 27130 Telegraph Road, Quantico, VA 22134-2253. Clearly mark the outside of the envelope and your written appeal letter: "*Privacy/FOIA Appeal*." Your appeal must be received by DCSA within



ninety (90) calendar days from the date of this letter to be considered timely. Your written appeal letter should include the reasons why the requested information should be released and why this action may be in error. Include with your appeal letter a copy of your original request and this response letter. Please reference FOI/PA tracking number DCSA-M 25-06720 in your communication(s).

You may seek dispute resolution services from the DCSA Public Liaison or the Office of Government Information Services (OGIS). The DCSA Public Liaison may be contacted by emailing [dcsa.quantico.dcsa-hq.mbx.foia@mail.mil](mailto:dcsa.quantico.dcsa-hq.mbx.foia@mail.mil). OGIS was created to offer mediation services to resolve disputes between FOIA requesters and federal agencies as a non-exclusive alternative to litigation. You may contact OGIS in any of the following ways:

U.S. National Archives and Records Administration  
Office of Government Information Services  
8601 Adelphi Road – OGIS  
College Park, MD 20740-6001

Phone: 202-741-5770  
Toll-Free: 1-877-684-6448  
Fax: 202-741-5769  
Email: [ogis@nara.gov](mailto:ogis@nara.gov)

We hope this information is helpful and appreciate the opportunity to assist you in this matter.

Sincerely,

**F Powell** Digitally signed by F Powell  
Date: 2025.04.16 15:49:05 -04'00'

for/

Joy F. Greene  
Supervisory, Government Information Specialist  
FOI/P Office for Adjudications and Vetting

Attachments:  
As stated

This document is made available through the declassification efforts  
and research of John Greenewald, Jr., creator of:

# The Black Vault

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The Black Vault is the largest online Freedom of Information Act (FOIA)  
document clearinghouse in the world. The research efforts here are  
responsible for the declassification of hundreds of thousands of pages  
released by the U.S. Government & Military.

**Discover the Truth** at: **<http://www.theblackvault.com>**

DCII CHECK REQUEST FORM

\*\*\*\*\*  
\*\* SUBJECT IDENTIFICATION \*\*  
\*\*\*\*\*

PLEASE RETURN TO PSS [REDACTED] ROOM 4371.

b6 per FBI

UNIT NAME: SPECIAL INQUIRY & GENERAL BACKGROUND INVESTIGATION b7C per FBI

SUBJECT: POWELL, COLIN, L

*See Att*

DOB: 1937/04/05

SSAN: [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)

OTHER-NAMES:

*(ordered microfilm)*

CHECK CONDUCTED BY: \_\_\_\_\_

[REDACTED]

(1)

ON: \_\_\_\_\_

*125100*

b6 per FBI

b7C per FBI

(Attachments)

**DCSA: Best Copy Available**

DCSA (b)  
(6), (b)(7)  
(C), (k)(2)

# DCII Person Search Results for:

SSN [REDACTED] Name: POWELL, COLIN L  
DOB: 1937/04/05 SB: CB LL: 75 EL: 75

DCSA (b)(6), (b)(7)(C), (k)(2)

POWELL, COLIN LUTHER SSN= [REDACTED] DOB=1937/04/05 SB=NY  
 Dossier Loc=ACRD YR=1992 Number=04136546 Ctx=VICTIM RTN=4  
 Dossier Loc=ACRD YR=1991 Number=04142181 Ctx=VICTIM RTN=4  
 Dossier Loc=ACRD YR=1992 Number=12236852 Ctx=VICTIM RTN=4  
 Dossier Loc=DDIS YR=1992 Number=126DR515411D3F Ctx=SUBJECT RTN=  
 Closed Date=  
 Clearance Agcy=ACCT Elig=V Granted=1992/11/16 Access= Access Date  
 Rev Act=PRP Type Inv=SBPR Date Inv=1992/10/29 Cat=  
 Sep= Files= DDIS=1 AIRR=0 ACRD=0 FOSI=0 NNIS=0  
 Clearance Agcy= [REDACTED] Elig=V Granted=1993/02/05 Access= Access Date  
 Rev Act=SCI Type Inv=SBPR Date Inv=1992/10/29 Cat=  
 Sep= Files= DDIS=1 AIRR=0 ACRD=0 FOSI=0 NNIS=0

FBI Headquarters

J. Edgar Hoover Building

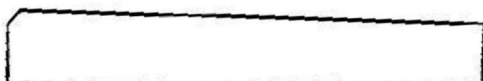
935 Pennsylvania Ave. N.W.

Washington, DC 2035-0001

20535

b6 per FBI  
b7C per FBI

Attn:



SIG BIU Room 4371

Phone 202 324 3864



: 2271



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FBI FACSIMILE  
COVERSHEET

\*\*\*\*\*EXPEDITE\*\*\*\*\*

\*\*\*\*\*PRESIDENTIAL\*\*\*\*\*

( Response Requested ASAP on/or before  
Tuesday, January 02, 2001)

To: DCSA (b)(6), (b)(7)(C), (k)(2)

Date: December 29, 2000

Facsimile Number: DCSA (b)(6), (b)(7)(C), (k)(2)

From: FBIHQ/SPECIAL INQUIRY AND GENERAL  
BACKGROUND INVESTIGATIONS UNIT (SIGBIU)Subject: Requests for microfilm  
copies of DIS files  
(See attached DCI check)  
\*\*\*\* POWELL, COLIN L. \*\*\*\*

92126 - 1541

HOPE YOU CAN  
HANDLE  
THE  
SIZE OF  
THIS  
ORDER!Special Handling: Please hand carry  
upon receipt to Team  
Supervisor, DCSA (b)(6), (b)(7)(C), (k)(2)

Originator's Name: [REDACTED]

Phone Number: DCSA (b)(6), (b)(7)(C), (k)(2)

Originator's Facsimile Number: DCSA (b)(6), (b)(7)(C), (k)(2)

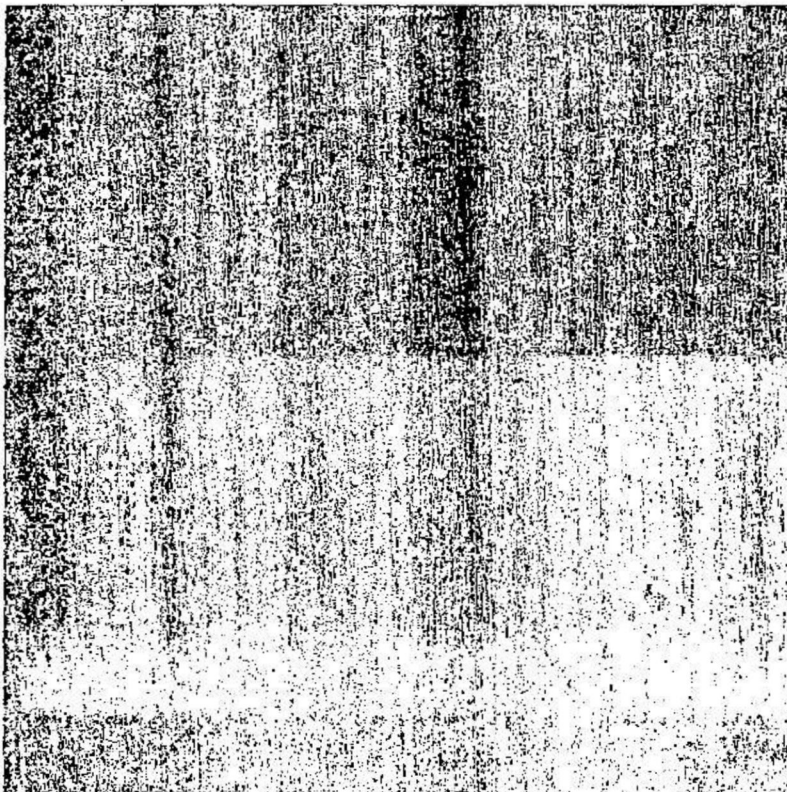
Approved: [REDACTED]

Number of pages: 2 (including cover)

b6 per FBI  
b7C per FBI

**DCSA: Best Copy Available**

**Results for:**



284024 DOB=1937/04/05 SB=NY  
 5546 Ctx=VICTIM RTN=4  
 2181 Ctx=VICTIM RTN=4  
 5852 Ctx=VICTIM RTN=4  
 515411DBF Ctx=SUBJECT RTN=

92/11/16 Access= Access Date  
 BPR Date Inv=1992/10/29 Cat=  
 IRR=0 ACRD=0 FOSI=0 NNIS=0  
 93/02/05 Access= Access Date  
 BPR Date Inv=1992/10/29 Cat=  
 IRR=0 ACRD=0 FOSI=0 NNIS=0

ADDITIONAL INFORMATION MAY BE  
 OBTAINED FROM *INS*

THIS IS A COPY OF AN INVESTIGATIVE  
 DOCUMENT ON FILE AT DCS. IT IS NOT  
 TO BE DISTRIBUTED TO ANY OTHER AGENCY  
 WITHOUT THE WRITTEN PERMISSION OF THE DIRECTOR.  
 DCS IT IS A COPY OF THE ORIGINAL  
 DETERMINATION OF THE BUREAU



|                                 |                                                    |                                    |                         |
|---------------------------------|----------------------------------------------------|------------------------------------|-------------------------|
| DIS. REPORT OF INVESTIGATION    |                                                    | DATE: 28 OCT 92                    |                         |
| CODE: D1510-N                   | CONTROL: NAC: 92132-8062                           | STATUS: RUC                        |                         |
| DISTRIBUTION                    |                                                    | COPY TO: DCSA: Best Copy Available |                         |
| MADE BY: S/A                    | DCSA (b)(6), (b)(7)(C), (k)(2) 1746                |                                    |                         |
| SEX: M                          | SOCIAL SECURITY NO: DCSA (b)(6), (b)(7)(C), (k)(2) | FORMER MIL. SV. NO:                | BIRTH (DATE): 05 APR 37 |
|                                 |                                                    | GPCT: 36                           | PLACE: NY               |
| TITLE: POWELL, COLIN LUTHER/MIL |                                                    |                                    |                         |

POLICY AT THE OFFICE OF WHITE HOUSE SECURITY PROHIBITS THE PHOTOCOPYING AND RELEASE OF DOCUMENTS CONTAINED IN THEIR ACTIVE SECURITY FILES.

#### INVESTIGATIVE RESULTS

THE RECORD CHECK(S) AND INTERVIEW(S), AS APPROPRIATE, WERE FAVORABLE AND INTERVIEWEE(S) RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLESS OTHERWISE INDICATED.

#### NATIONAL AGENCY CHECK

1. On 14 Oct 92, a review of records at the Office of White House Security (WHS), Old Executive Office Building, Washington, DC, disclosed a file consisting solely of one Federal Bureau of Investigation (FBI) Memorandum, dated 23 Aug 89; one (favorable) FBI Expanded Name Check (ENC), dated 23 Aug 89; one FBI Summary Memorandum, dated 31 Mar 87; and, one FBI Summary Memorandum Supplement, dated 17 Apr 87, identifiable with Colin Luther POWELL; DPOB: 05 Apr 37, New York City, NY; SSN: DCSA (b)(6), (b)(7)(C), (k)(2). The following is a summary of the information contained in the WHS file:

In 1987, the FBI conducted an applicant type background investigation consisting of education checks, employment checks, reference interviews, neighborhood investigations, credit agency checks, local agency checks, and national agency checks.

Record checks at/of the following U.S. government agencies/record systems produced responses of no record or no additional pertinent information, except as reflected elsewhere in this Report of Investigation: Office of Personnel Management (OPM); Defense Central Index of Investigations (DCII); DCSA (b)(3)(B); U.S. Secret Service (USSS); White House Office (WHO); and, the FBI.

Records of the DCSA (b)(3)(B) reflected that POWELL was pending completion of a Special Access request submitted by the White House.

Records of the FBI disclosed the following information which is transcribed verbatim below:

|                                                  |     |     |     |                                                                                                                                                                                                                                                                                                      |  |
|--------------------------------------------------|-----|-----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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| PAGE: 1                                          | JPF | JPF | JPF |                                                                                                                                                                                                                                                                                                      |  |



|                                                 |                                |                           |                        |
|-------------------------------------------------|--------------------------------|---------------------------|------------------------|
| DIS REPORT OF INVESTIGATION                     |                                | DATE 28 OCT 92            |                        |
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|                                                 |                                | GPO 36                    | (PLACE) NY             |
| N TITLE POWELL, COLIN LUTHER/MIL                |                                |                           |                        |

In 1986, at the direction of the Attorney General, [REDACTED] an investigation was instituted by the FBI concerning the sale of arms to Iran and the possible diversion of proceeds from those sales to the Nicaraguan "Contras".

During the course of this investigation, General Powell was interviewed by the FBI. There are also numerous references in FBI files to General Powell concerning this investigation. On December 19, 1986, [REDACTED] was named as Independent Counsel and now has control over this matter. The results of General Powell's interview and the nature of the references cannot be provided to you (White House Security) at this time.

#### EDUCATION

City College of New York, New York City, NY from Feb 54 to Jun 58, receiving a B.S. (Bachelor of Science) degree in Liberal Arts.

George Washington University, Washington, DC from the Fall of 1969 to Jun 71, receiving a Masters degree in Business Administration.

#### MILITARY SERVICE

POWELL was appointed as an Officer in the U.S. Army Reserves (USAR) on 10 Jun 58 and served in an inactive status until 30 Jun 58. On that date, he entered into the U.S. Army (USA) and has continued to serve on active duty since that time. His service record was clear.

#### EMPLOYMENT

POWELL was currently detailed from the USA to the White House and has been serving as the Deputy Assistant to the President for National Security Affairs from Jan 87 to the present (Mar 87).

#### RESIDENCE

POWELL resided with his spouse, the former [REDACTED] and his daughter, [REDACTED] in [REDACTED]. The dates of residence were not reflected in the FBI memorandums.

|                                  |     |     |     |                                                                                                                                                                                                                                                                                             |  |
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|----------------------------------------------------|------------------------------------------------------|---------------------------------------------|-------------------------|
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| SEX<br>M                                           | LOCAL SECURITY NO.<br>DCSA (b)(6), (b)(7)(C), (k)(2) | FORMER MIL. SV. NO.                         | BIRTH DATE<br>05 APR 37 |
|                                                    |                                                      |                                             | KPCI<br>36              |
|                                                    |                                                      |                                             | PLACE<br>NY             |
| TITLE<br>POWELL, COLIN LUTHER/MIL                  |                                                      |                                             |                         |

#### FAMILY STATUS

In addition to his spouse and daughter, DCSA (b)(6), (b)(7)(C), (k)(2) POWELL's family consisted of one sister, DCSA (b)(6), (b)(7)(C), (k)(2) residing in DCSA (b)(6), (b)(7)(C), (k)(2) one son, DCSA (b)(6), (b)(7)(C), (k)(2) residing in DCSA (b)(6), (b)(7)(C), (k)(2) and, one daughter, DCSA (b)(6), (b)(7)(C), (k)(2) residing in DCSA (b)(6), (b)(7)(C), (k)(2)

#### INTERVIEWS

A total of 25 persons, consisting of current and former supervisors and co-workers, colleagues, present and former neighbors, references, professional associates and social acquaintances, were interviewed. These persons advised that POWELL is a loyal American, whose character, reputation, and associates are above reproach. His supervisors and co-workers stated that POWELL is an intelligent, charismatic individual who is highly regarded by his colleagues. They added that POWELL is known to be an extremely diligent and always "plays by the rules." His professional associates stated that POWELL "brooks no nonsense, handles stress well and is talented and decisive." Social acquaintances considered him to be upbeat and pleasant and commented on his hobby of working on old cars. Colleagues stated that POWELL is "broad-minded, responsible and hard working." All persons interviewed provided favorable information concerning POWELL's character, associations, reputation, and loyalty. None of the individuals interviewed were aware of any illegal drug or alcohol abuse on POWELL's part. All persons believed POWELL lived within his financial means. Each person recommended POWELL for a position of trust and responsibility with the U.S. Government. None of the 25 persons interviewed were listed by name in the FBI memorandum.

#### CREDIT

Appropriate credit reporting agency(ies) advised of no additional pertinent information. The identity(ies) of the/these credit reporting agency(ies) was/were not reflected in the FBI memorandum.

#### ARRESTS

Appropriate law enforcement agencies reported having no record identifiable with POWELL. The identities of these law enforcement agencies were not

|                                                    |     |     |     |                                                                                                                                                                                                                                                                                                        |  |
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| PAGE<br>3                                          | JPF | JPF | JPF |                                                                                                                                                                                                                                                                                                        |  |



|                                   |                                                       |                         |           |
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| DIS REPORT OF INVESTIGATION       |                                                       | DATE 28 OCT 92          |           |
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| MADE BY<br>S/A [REDACTED] 1746    |                                                       | [REDACTED]              |           |
| SEX<br>M                          | DCSA (b)(6), (b)(7)(C), (k)(2)<br>FORMER MIL. SV. NO. | BIRTH DATE<br>05 APR 37 | MPC<br>36 |
| TITLE<br>POWELL, COLIN LUTHER/MIL |                                                       | PLACE<br>NY             |           |

reflected in the FBI memorandum.

# SECURITY CLEARANCES

POWELL held an active Top Secret clearance granted by the USA in Oct 83.

-----END OF THIS DOCUMENT-----

DCSA: Best Copy Available

|                                                    |     |     |     |                                                                                                                                                                                                                                                                                                           |  |
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| PAGE<br>4                                          | JPF | JPF | JPF |                                                                                                                                                                                                                                                                                                           |  |

DEPARTMENT OF DEFENSE - DEFENSE INVESTIGATIVE SERVICE  
STANDARD SYSTEM DOCUMENT DIS FORM 1 (9-72)



**DEPARTMENT OF DEFENSE  
PERSONNEL SECURITY QUESTIONNAIRE**

Before completing form, read attached Privacy Act Statement, General and Detailed Instructions.

Form Approved  
OMB No. 0704-0299  
Expires Feb 28, 1993

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0299), Washington, DC 20503.

|                                                                                                                                                                                                                          |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------|--|
| <b>1. NAME</b>                                                                                                                                                                                                           |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              | <b>FOR DIS USE ONLY</b>                                  |  |
| a. Last, First, Middle (LAST Name in all capital letters)<br><b>POWELL, Colin Luther</b>                                                                                                                                 |                                           |                                           |                                          | b. Maiden Name (if any)<br><b>DCSA: Best Copy Available</b>                                                                                                                                                                                                                                         |                              |                                                          |  |
| <b>2. OTHER NAMES USED</b> (LAST, First, Middle) (Include all other names used and dates of use)<br><b>None</b>                                                                                                          |                                           |                                           |                                          | <b>3. SOCIAL SECURITY NUMBER</b><br><b>113-28-4024</b>                                                                                                                                                                                                                                              |                              |                                                          |  |
| <b>4. DATE OF BIRTH</b> (YYMMDD)<br><b>370405</b>                                                                                                                                                                        |                                           | <b>5. PLACE OF BIRTH</b>                  |                                          | <b>7. STATUS</b> (X and complete as applicable)                                                                                                                                                                                                                                                     |                              |                                                          |  |
| a. City<br><b>New York City</b>                                                                                                                                                                                          |                                           | b. County<br><b>New York</b>              |                                          | c. State<br><b>NY</b>                                                                                                                                                                                                                                                                               |                              | d. Country<br><b>USA</b>                                 |  |
| <b>6. PHYSICAL CHARACTERISTICS</b> (Complete all blocks)                                                                                                                                                                 |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| a. Sex<br><b>Male</b>                                                                                                                                                                                                    | b. Race<br><b>African American</b>        | c. Height<br><b>73"</b>                   | d. Weight<br><b>205</b>                  | e. Hair Color<br><b>Brown</b>                                                                                                                                                                                                                                                                       | f. Eye Color<br><b>Brown</b> |                                                          |  |
| <b>8. CITIZENSHIP</b> (X a, b, or c, and complete as applicable)                                                                                                                                                         |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| a. United States (X (1), (2), (3), (4), and/or (5))                                                                                                                                                                      |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| X (1) Born in U.S.                                                                                                                                                                                                       |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              | (2) Born abroad of U.S. parents                          |  |
| (3) Naturalized (Complete (a) - (e))                                                                                                                                                                                     |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              | (4) Derived from naturalized parent (Complete (a) - (e)) |  |
| (a) Certificate Number(s)                                                                                                                                                                                                |                                           | (b) Date (YYMMDD)                         |                                          | (c) Place                                                                                                                                                                                                                                                                                           |                              | (d) Court                                                |  |
|                                                                                                                                                                                                                          |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              | (e) Alien Registration Number                            |  |
| (5) Dual Citizenship (List country) (See DETAILED INSTRUCTIONS)                                                                                                                                                          |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| b. United States National (List U.S. Trust Territory or Possession)                                                                                                                                                      |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| c. Alien (Complete (1) through (4))                                                                                                                                                                                      |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              | (2) Registration Number                                  |  |
| (3) Intend to become a U.S. citizen? (X Yes) ( ) No                                                                                                                                                                      |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              | (4) Permanent Resident Status? (X one) (a) Yes (b) No    |  |
| <b>9. MILITARY SERVICE</b> (List in chronological order beginning with the most recent period. Include Reserve/National Guard service)                                                                                   |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| a. If you checked item 7.d. above, provide Occupational Specialty and Unit Assignment which requires this investigation.<br><b>Chairman of the Joint Chiefs of Staff</b>                                                 |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| b. From (YYMMDD)                                                                                                                                                                                                         | c. To (YYMMDD)                            | d. Branch of Service                      | e. Rank                                  | f. Service Number(s)                                                                                                                                                                                                                                                                                | g. Type of Discharge         | h. Country                                               |  |
| <b>580630</b>                                                                                                                                                                                                            | <b>Present</b>                            | <b>US Army</b>                            | <b>GEN</b>                               |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
|                                                                                                                                                                                                                          |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
|                                                                                                                                                                                                                          |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
|                                                                                                                                                                                                                          |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>10. RESIDENCES</b>                                                                                                                                                                                                    |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| a. Current Home Telephone (Include Area Code)<br><b>DCSA (b)(6), (b)(7)(C), (K)(2)</b>                                                                                                                                   |                                           |                                           |                                          | Roommates (Use this column only for residences shown on left for the last 5 years. Across from each such residence, give name, current address and telephone number of the primary person with whom you shared that residence. If you resided with your parents/current spouse alone, so indicate.) |                              |                                                          |  |
| b. Address (List in chronological order beginning with current address. Give inclusive dates for each period of residence. If you list a Rural Route address, provide instructions for map for locating that residence.) |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (1) To (YYMM)                                                                                                                                                                                                            | (2) Address (Number, Street, Apt. Number) | (3) Name (LAST, First, Middle Initial)    | (4) Telephone Number (Include Area Code) |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>Present</b>                                                                                                                                                                                                           | <b>Quarters 6</b>                         | <b>DCSA (b)(6), (b)(7)(C), (K)(2)</b>     |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (1) From (YYMM)                                                                                                                                                                                                          | (2) City, State, Zip Code                 | (3) Address (Number, Street, Apt. Number) | (4) City, State, Zip Code                |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>8910</b>                                                                                                                                                                                                              | <b>Fort Myer, VA 22211</b>                | <b>Quarters 6</b>                         | <b>Fort Myer, VA 22211</b>               |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (5) Country (if outside the United States)                                                                                                                                                                               |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (1) To (YYMM)                                                                                                                                                                                                            | (2) Address (Number, Street, Apt. Number) | (3) Name (LAST, First, Middle Initial)    | (4) Telephone Number (Include Area Code) |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>8909</b>                                                                                                                                                                                                              | <b>10 Staff Row</b>                       | <b>Same as Above</b>                      |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (1) From (YYMM)                                                                                                                                                                                                          | (2) City, State, Zip Code                 | (3) Address (Number, Street, Apt. Number) | (4) City, State, Zip Code                |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>8904</b>                                                                                                                                                                                                              | <b>Fort McPherson, GA 30310</b>           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (5) Country (if outside the United States)                                                                                                                                                                               |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (1) To (YYMM)                                                                                                                                                                                                            | (2) Address (Number, Street, Apt. Number) | (3) Name (LAST, First, Middle Initial)    | (4) Telephone Number (Include Area Code) |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>8903</b>                                                                                                                                                                                                              | <b>Quarters 2/A</b>                       | <b>Same as Above</b>                      |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (1) From (YYMM)                                                                                                                                                                                                          | (2) City, State, Zip Code                 | (3) Address (Number, Street, Apt. Number) | (4) City, State, Zip Code                |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>8801</b>                                                                                                                                                                                                              | <b>Fort Myer, VA 22211</b>                |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (5) Country (if outside the United States)                                                                                                                                                                               |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (1) To (YYMM)                                                                                                                                                                                                            | (2) Address (Number, Street, Apt. Number) | (3) Name (LAST, First, Middle Initial)    | (4) Telephone Number (Include Area Code) |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>8712</b>                                                                                                                                                                                                              | <b>Quarters 7</b>                         | <b>Same as Above</b>                      |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (1) From (YYMM)                                                                                                                                                                                                          | (2) City, State, Zip Code                 | (3) Address (Number, Street, Apt. Number) | (4) City, State, Zip Code                |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| <b>8701</b>                                                                                                                                                                                                              | <b>Fort McNair, DC 20319</b>              |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |
| (5) Country (if outside the United States)                                                                                                                                                                               |                                           |                                           |                                          |                                                                                                                                                                                                                                                                                                     |                              |                                                          |  |



| 11. EMPLOYMENT/DUTY ORGANIZATION (List in chronological order, beginning with the present, each period of employment, self-employment, part-time employment, and/or unemployment. Also list current Reserve National Guard Unit. List inclusive dates for each period. If discharge cause, so state in Item 18. See DETAILED INSTRUCTIONS.)                                                                     |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------|------------------------------------|
| Yes                                                                                                                                                                                                                                                                                                                                                                                                             | No      |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | X       | a. Have you ever been in Federal Civil Service? If Yes, explain in accordance with DETAILED INSTRUCTIONS.                                                                                                                 |                                                                           |                                          |                                    |
| b. Dates (YMMDD)                                                                                                                                                                                                                                                                                                                                                                                                |         | c. Name of Employer                                                                                                                                                                                                       | d. Job Site, Duty Station or Home Port (Street, City, State and Zip Code) | e. Immediate Supervisor (1) Name         | (2) Telephone No. (Ind. Area Code) |
| (1) From                                                                                                                                                                                                                                                                                                                                                                                                        | (2) To  |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| 8910                                                                                                                                                                                                                                                                                                                                                                                                            | Present | US Army                                                                                                                                                                                                                   | CJCS, The Pentagon<br>Washington, DC 20138                                | The Honorable<br>Richard B. Cheney       | (703)<br>697-9121                  |
| 8904                                                                                                                                                                                                                                                                                                                                                                                                            | 8909    | US Army                                                                                                                                                                                                                   | CINC, Forces Command<br>Ft McPherson, GA 30330                            | The Honorable<br>Richard B. Cheney       | (404)<br>669-5054                  |
| 8712                                                                                                                                                                                                                                                                                                                                                                                                            | 8904    | US Army                                                                                                                                                                                                                   | Asst to President for NSC<br>White House, Wash DC 20500                   | President<br>Ronald Reagan               | (202)<br>456-2255                  |
| 8701                                                                                                                                                                                                                                                                                                                                                                                                            | 8712    | US Army                                                                                                                                                                                                                   | Dep Asst to Pres. for NSC<br>White House, Wash DC 20500                   | The Honorable<br>Frank C. Carlucci       | (202)<br>456-2255                  |
| 8606                                                                                                                                                                                                                                                                                                                                                                                                            | 8612    | US Army                                                                                                                                                                                                                   | CG, V Corps, USAB<br>APO AE 09079                                         | GEN Glen Otis                            | AV-314-<br>320-8200                |
| 8307                                                                                                                                                                                                                                                                                                                                                                                                            | 8606    | US Army                                                                                                                                                                                                                   | Military Asst to SecDef<br>OSD, Wash DC 20301                             | The Honorable<br>Caspar W. Weinberger    | (703)-<br>695-5261                 |
| 8208                                                                                                                                                                                                                                                                                                                                                                                                            | 8307    | US Army                                                                                                                                                                                                                   | Dep CG of CACDA<br>Fort Leavenworth, KS 66027                             | LTC Jack Marritt                         | (913)<br>684-4352                  |
| 12. FAMILY/ASSOCIATES (Give requested data for: (1) Father, Mother, Spouse, Cohabitant, and Children (2) All brothers and sisters NOT born in the United States (3) All relatives or friends to whom you, your spouse, or cohabitant are bound by affection or obligations if such persons are residing in, are citizens of, or are employed by or otherwise acting as representatives of any foreign country.) |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| a. Relationship and Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                          |         | b. Present Address (Street, City, State and Zip Code)                                                                                                                                                                     | c. Date of Birth (YMMDD)                                                  | d. Place of Birth (City, State, Country) | e. Citizenship                     |
| (1) Father                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                  |         | Deceased-25 MAR 78                                                                                                                                                                                                        | 980324                                                                    | Jamaica, WI                              | US                                 |
| (2) Mother (Maiden Name)                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                  |         | Deceased-JUN 84                                                                                                                                                                                                           | 010104                                                                    | Jamaica, WI                              | US                                 |
| (3) Spouse (Maiden Name if applicable)                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                  |         | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                            | 371027                                                                    | Birmingham, AL                           | US                                 |
| (4) son                                                                                                                                                                                                                                                                                                                                                                                                         |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                  |         | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                            | 630323                                                                    | Birmingham, AL                           | US                                 |
| (5) daughter                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                  |         | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                            | 650416                                                                    | Fort Benning, GA                         | US                                 |
| (6) daughter                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                  |         | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                            | 700520                                                                    | Fort Belvoir, VA                         | US                                 |
| (7) aunt                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                  |         | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                            |                                                                           | Jamaica, WI                              | Jamaican                           |
| 13. MARITAL DATA                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| a. Current Marital Status (X one)                                                                                                                                                                                                                                                                                                                                                                               |         | X (1) Married                                                                                                                                                                                                             | (2) Never Married                                                         | (3) Legally Separated                    | (4) Divorced (5) Widowed           |
| b. Date(s) of Current and Prior Marriage(s) (YMMDD)                                                                                                                                                                                                                                                                                                                                                             |         | c. Place(s) Where Married                                                                                                                                                                                                 |                                                                           |                                          |                                    |
| 620825                                                                                                                                                                                                                                                                                                                                                                                                          |         | Birmingham, Alabama                                                                                                                                                                                                       |                                                                           |                                          |                                    |
| d. Date(s) of Divorce(s) (YMMDD)                                                                                                                                                                                                                                                                                                                                                                                |         | e. Court(s) Granting Divorce(s) and Location(s) (City and State)                                                                                                                                                          |                                                                           |                                          |                                    |
| f. Name(s) and Current Address(es) of Former Spouse(s)                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| 14. FOREIGN TRAVEL/CONNECTIONS (X "Yes" or "No" for each question) ("Yes" answers must be explained in accordance with DETAILED INSTRUCTIONS)                                                                                                                                                                                                                                                                   |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                             | No      |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | X       | a. Do you have any foreign property, business connections, or financial interests?                                                                                                                                        |                                                                           |                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | X       | b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?                                                                                                      |                                                                           |                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | X       | c. Have you ever traveled outside the United States on other than official U.S. Government orders? (Include even short trips to Canada or Mexico.)                                                                        |                                                                           |                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | X       | d. Have you ever had any contact with a foreign government, its establishments (e.g. embassies, consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? |                                                                           |                                          |                                    |
| 15. FULL AND PART TIME EDUCATION (List in chronological order, including part-time attendance, beginning with the last school attended.) (See DETAILED INSTRUCTIONS)                                                                                                                                                                                                                                            |         |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| a. Dates (YMMDD)                                                                                                                                                                                                                                                                                                                                                                                                |         | b. Name of School                                                                                                                                                                                                         | c. Address (City, State and Zip Code)                                     | d. Major                                 | e. Degree earned                   |
| (1) From                                                                                                                                                                                                                                                                                                                                                                                                        | (2) To  |                                                                                                                                                                                                                           |                                                                           |                                          |                                    |
| 6909                                                                                                                                                                                                                                                                                                                                                                                                            | 7106    | George Washington Univ.                                                                                                                                                                                                   | Washington, DC                                                            | Business                                 | MBA                                |
| 5402                                                                                                                                                                                                                                                                                                                                                                                                            | 5806    | City College of New York                                                                                                                                                                                                  | New York, NY                                                              | Geology                                  | BS                                 |
| 5009                                                                                                                                                                                                                                                                                                                                                                                                            | 5402    | Morris High School                                                                                                                                                                                                        | Bronx, New York                                                           |                                          | Diploma                            |



| 16. CHARACTER REFERENCES (List good friends, neighbors, classmates, etc., who together have known you for the period of investigation. Do not list anyone who is listed elsewhere on this form. See DETAILED INSTRUCTIONS.) |         |                                             |                                                                     |                                      |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------|---------------------------------------------------------------------|--------------------------------------|--------------------------------|
| a. Dates (month/year)                                                                                                                                                                                                       |         | b. Name (last, first, middle initial)       | c. Address (number and street, Apt. No., City, State, and Zip Code) | d. Telephone No. (include Area Code) |                                |
| (1) From                                                                                                                                                                                                                    | (2) To  |                                             |                                                                     | (1) Home                             | (2) Office                     |
| 1981                                                                                                                                                                                                                        | Present | DCSA (b)(6), (b)(7)(C), (k)(2)<br>Friend    | DCSA (b)(6), (b)(7)(C), (k)(2)                                      | DCSA (b)(6), (b)(7)(C), (k)(2)       | DCSA (b)(6), (b)(7)(C), (k)(2) |
| 1979                                                                                                                                                                                                                        | Present | DCSA (b)(6), (b)(7)(C), (k)(2)<br>Friend    | DCSA (b)(6), (b)(7)(C), (k)(2)                                      | DCSA (b)(6), (b)(7)(C), (k)(2)       | DCSA (b)(6), (b)(7)(C), (k)(2) |
| 1975                                                                                                                                                                                                                        | Present | DCSA (b)(6), (b)(7)(C), (k)(2)<br>Colleague | DCSA (b)(6), (b)(7)(C), (k)(2)                                      | DCSA (b)(6), (b)(7)(C), (k)(2)       | DCSA (b)(6), (b)(7)(C), (k)(2) |
| 1972                                                                                                                                                                                                                        | Present | DCSA (b)(6), (b)(7)(C), (k)(2)<br>Friend    | DCSA (b)(6), (b)(7)(C), (k)(2)                                      | DCSA (b)(6), (b)(7)(C), (k)(2)       | DCSA (b)(6), (b)(7)(C), (k)(2) |
| 1981                                                                                                                                                                                                                        | Present | DCSA (b)(6), (b)(7)(C), (k)(2)<br>Friend    | DCSA (b)(6), (b)(7)(C), (k)(2)                                      | DCSA (b)(6), (b)(7)(C), (k)(2)       | DCSA (b)(6), (b)(7)(C), (k)(2) |

| 17. CREDIT REFERENCES (Complete this item only if you lived overseas on a cumulative basis for a period in excess of 6 months out of the last 5 years. List financial institutions, and/or individuals (other than relatives) who have extended credit to you during that time period. See DETAILED INSTRUCTIONS.) |                   |                      |         |          |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|---------|----------|-------------|
| a. Name                                                                                                                                                                                                                                                                                                            | b. Account Number | c. Number and Street | d. City | e. State | f. Zip Code |
|                                                                                                                                                                                                                                                                                                                    |                   |                      |         |          |             |
|                                                                                                                                                                                                                                                                                                                    |                   |                      |         |          |             |
|                                                                                                                                                                                                                                                                                                                    |                   |                      |         |          |             |

18. REMARKS (You may provide any additional information which you feel may have a bearing or impact on your security eligibility which has not been specifically asked for on this form.)

#### 10. RESIDENCES (Con't)

##### Address

To 8701 HQ V Corps  
APO NY 03070  
From 8606

To 8606 Quarters 23A  
Fort Myer, VA 22211  
From 8307

To 8307 611 Scott  
Fort Leavenworth, KS  
From 8207

**DCSA: Best Copy Available**

#### 11. EMPLOYMENT (Con't)

| From | To   | Employer | Job Site/Duty Station                        | Immediate Supervisor |
|------|------|----------|----------------------------------------------|----------------------|
| 8106 | 8208 | US Army  | Asst Div Cdr, 4th Inf Div<br>Fort Carson, CO | MG John Hudacek      |

#### 12. FAMILY ASSOCIATES (Con't) - SEE ATTACHED SHEETS

19. CERTIFICATION BY PERSON COMPLETING FORM: I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement or omission can be punished by fine or imprisonment or both. (See U.S. Code, Title 18, Section 1001.)

|                                                                 |                                                          |                                    |                                     |
|-----------------------------------------------------------------|----------------------------------------------------------|------------------------------------|-------------------------------------|
| a. Typed Name (last, first, middle initial)<br>POWELL, Colin L. | b. Social Security No.<br>DCSA (b)(6), (b)(7)(C), (k)(2) | c. Signature<br><i>[Signature]</i> | d. Date Signed (MM/DD/YY)<br>920472 |
|-----------------------------------------------------------------|----------------------------------------------------------|------------------------------------|-------------------------------------|



POWELL, Colin Luther  
DCSA (b)(6), (b)(7)(C), (k)(2)

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12. FAMILY/ASSOCIATES (Con't)

| Relationship and Name                        | Address                        | Place of Birth | Citizenship |
|----------------------------------------------|--------------------------------|----------------|-------------|
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| Aunt<br>DCSA (b)(6), (b)(7)(C), (k)(2)       | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| Aunt<br>DCSA (b)(6), (b)(7)(C), (k)(2)       | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| 1st Cousin<br>DCSA (b)(6), (b)(7)(C), (k)(2) | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| Uncle<br>DCSA (b)(6), (b)(7)(C), (k)(2)      | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |
| Aunt<br>DCSA (b)(6), (b)(7)(C), (k)(2)       | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaica, WI    | Jamaican    |

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POWELL, Colip Luther  
113-28-4024

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1st Cousin  
DCSA (b)(6), (b)(7)(C), (k)(2)

1st Cousin  
DCSA (b)(6), (b)(7)(C), (k)(2)

1st Cousin  
DCSA (b)(6), (b)(7)(C), (k)(2)

1st Cousin  
DCSA (b)(6), (b)(7)(C), (k)(2)

1st Cousin  
DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

[REDACTED]

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

Jamaica, WI

Jamaican

Jamaica, WI

Jamaican

Jamaica, WI

Jamaican

Jamaica, WI

Jamaican

Jamaica, WI

Jamaican



Answers to questions in items 20 through 24 are **NOT** limited to the last 5, 10, or 15 years, but pertain to your entire life. (See DETAILED INSTRUCTIONS.)

## 20. CREDIT HISTORY

| Yes | No                                  | (YES" answers must be explained in accordance with DETAILED INSTRUCTIONS)                                                    |
|-----|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
|     | <input checked="" type="checkbox"/> | a. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?                          |
|     | <input checked="" type="checkbox"/> | b. Have you ever had your wages garnished or anything repossessed?                                                           |
|     | <input checked="" type="checkbox"/> | c. Have you ever had a lien placed upon your property for failing to pay taxes?                                              |
|     | <input checked="" type="checkbox"/> | d. Do you have any judgments against you which you have not paid?                                                            |
|     | <input checked="" type="checkbox"/> | e. Are you now or have you been significantly delinquent on debts? (Paid more than 120 days from scheduled payment due date) |

## 21. ARRESTS

\* You must list ALL arrest information regardless of whether you have previously listed or disclosed this information or whether the record in your case has been "sealed," expunged, or otherwise stricken from the court record. You must also include all courts-martial or non-judicial punishment (Article 15 UCMJ or Captain's Mast.)  
 \* The only exceptions are for certain convictions under the Federal Controlled Substances Act (21 U.S.C. 844 or 18 U.S.C. Section 3607) (See DETAILED INSTRUCTIONS.)  
 \* You may exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed, unless alcohol or drug related.

| Yes | No                                  |                                                                                                                                                                                                                               |
|-----|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <input checked="" type="checkbox"/> | a. Have you ever been arrested, charged, cited, held, or detained by Federal, State, or other law enforcement or juvenile authorities regardless of whether the charge was dropped or dismissed or you were found not guilty? |

b. List details of "Yes" answers

| (1) Date (YYMMDD) | (2) Nature of Offense or Violation | (3) Name and Location of Law Enforcement Agency (City and State) | (4) Name and Location of Court/Magistrate (City and State) | (5) Penalty Imposed or Other Disposition in Each Case |
|-------------------|------------------------------------|------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|
|                   |                                    |                                                                  |                                                            |                                                       |
|                   |                                    |                                                                  |                                                            |                                                       |
|                   |                                    |                                                                  |                                                            |                                                       |
|                   |                                    |                                                                  |                                                            |                                                       |
|                   |                                    |                                                                  |                                                            |                                                       |
|                   |                                    |                                                                  |                                                            |                                                       |
|                   |                                    |                                                                  |                                                            |                                                       |
|                   |                                    |                                                                  |                                                            |                                                       |

## 22. DRUG/ALCOHOL USE AND MENTAL HEALTH ("YES" answers must be explained in accordance with DETAILED INSTRUCTIONS)

| Yes | No                                  |                                                                                                                                                                                                                                                                                                                                                                                 |
|-----|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <input checked="" type="checkbox"/> | a. Have you ever tried or used or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), even one-time or on an experimental basis, except as prescribed by a licensed physician? |
|     | <input checked="" type="checkbox"/> | b. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?                                                                                                                                                                                                        |
|     | <input checked="" type="checkbox"/> | c. Have you ever misused or abused any drug prescribed by a licensed physician for yourself or for someone else?                                                                                                                                                                                                                                                                |
|     | <input checked="" type="checkbox"/> | d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?                                                                                                                                        |
|     | <input checked="" type="checkbox"/> | e. Have you ever been treated for a mental, emotional, psychological, or personality disorder/condition/problem?                                                                                                                                                                                                                                                                |
|     | <input checked="" type="checkbox"/> | f. Have you ever consulted or been counseled by any mental health professional?                                                                                                                                                                                                                                                                                                 |

## 23. ORGANIZATIONS

| Yes | No                                  | (YES" answers must be explained in accordance with DETAILED INSTRUCTIONS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <input checked="" type="checkbox"/> | a. Are you now or have you ever been a member of the Communist Party or any Communist organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | <input checked="" type="checkbox"/> | b. Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which:<br>(1) Advocates the overthrow of our constitutional form of government?<br>(2) Advocates or approves the commission of acts of force, violence, coercion, or intimidation to deny persons their rights under the Constitution of the U.S.<br>(3) Seeks to alter the form of government of the United States by force, violence, or other unconstitutional means?<br>(4) Advocates or engages in the disruption or halting of U.S. government activities through force, violence, or infiltration of the government service? |

c. List all organizations in which you hold or have held membership since age 16. (You may omit labor unions, political parties, religious organizations, and those referred to in 23a and b.)

| (1) Name (Do not abbreviate) | (2) Address (Number and Street, City, State, Zip Code) | (3) Type         | (4) From (YYMM) | (5) To (YYMM) |
|------------------------------|--------------------------------------------------------|------------------|-----------------|---------------|
| White House Fellows          |                                                        |                  |                 |               |
| Alumni Association           | White House, Washington DC                             | Professional     | 73              | Present       |
| Association of the US Army   | 425 Wilson Bl Arlington VA 22201                       | Professional     | 60              | Present       |
| Pershing Rifles              | City College of New York                               | Social/Fraternal | 55              | Present       |
| House Plan                   | City College of New York                               | Social           | 54              | Present       |

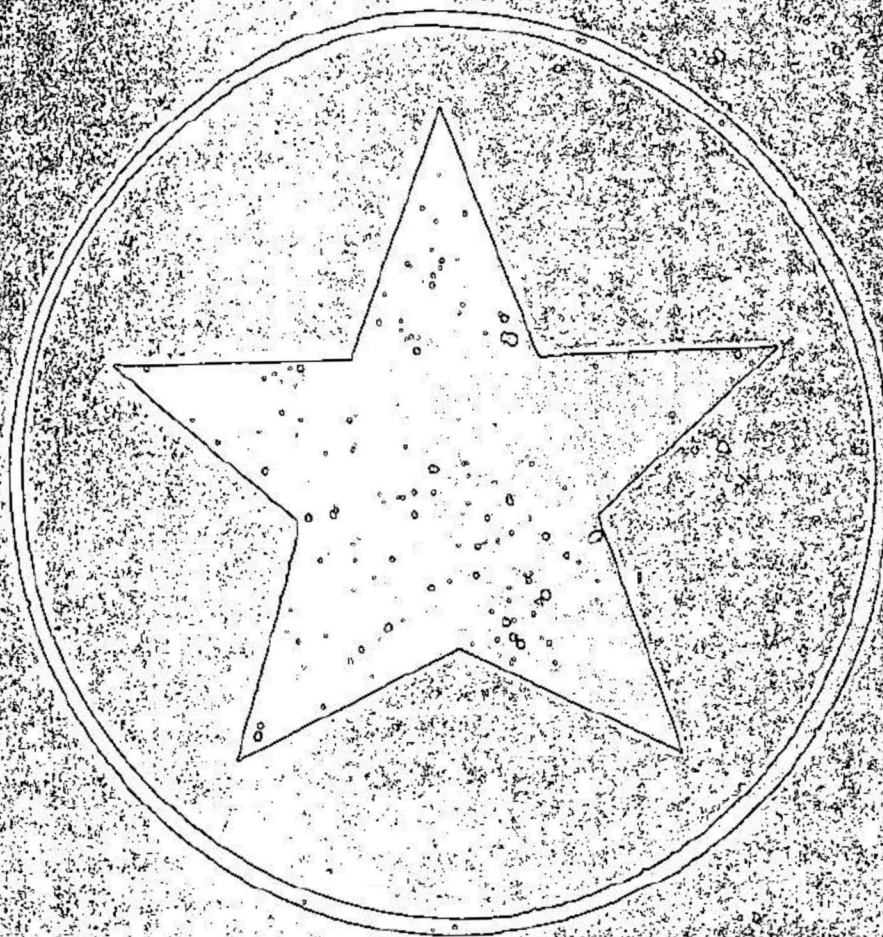
## 24. SECURITY CLEARANCE

| Yes                                 | No                        | a. Have you ever held a security clearance, to include a contractor-granted Confidential? (If "YES," give details below.)                                                                                                                                                                                                                          |                      |                           |                |                      |            |        |             |         |     |        |     |  |
|-------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|----------------|----------------------|------------|--------|-------------|---------|-----|--------|-----|--|
| <input checked="" type="checkbox"/> |                           | <table border="1"> <thead> <tr> <th>(1) Clearance Level</th> <th>(2) Date Granted (YYMMDD)</th> <th>(3) Granted By</th> <th>(4) Name of Employer</th> </tr> </thead> <tbody> <tr> <td>TOP SECRET</td> <td>891002</td> <td>Joint Staff</td> <td>US Army</td> </tr> <tr> <td>SCI</td> <td>890824</td> <td>DIA</td> <td></td> </tr> </tbody> </table> | (1) Clearance Level  | (2) Date Granted (YYMMDD) | (3) Granted By | (4) Name of Employer | TOP SECRET | 891002 | Joint Staff | US Army | SCI | 890824 | DIA |  |
| (1) Clearance Level                 | (2) Date Granted (YYMMDD) | (3) Granted By                                                                                                                                                                                                                                                                                                                                     | (4) Name of Employer |                           |                |                      |            |        |             |         |     |        |     |  |
| TOP SECRET                          | 891002                    | Joint Staff                                                                                                                                                                                                                                                                                                                                        | US Army              |                           |                |                      |            |        |             |         |     |        |     |  |
| SCI                                 | 890824                    | DIA                                                                                                                                                                                                                                                                                                                                                |                      |                           |                |                      |            |        |             |         |     |        |     |  |
|                                     |                           | b. Have you ever had a security clearance denied, suspended or revoked? (If "YES," give details in item 18.)                                                                                                                                                                                                                                       |                      |                           |                |                      |            |        |             |         |     |        |     |  |

## 25. CERTIFICATION BY PERSON COMPLETING FORM. I certify that the entries made by me are true, complete, and accurate to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See U.S. Code, Title 18, Section 1001.)

|                                             |                                |              |                         |
|---------------------------------------------|--------------------------------|--------------|-------------------------|
| a. Typed Name (Last, First, Middle Initial) | b. Social Security No.         | c. Signature | d. Date Signed (YYMMDD) |
| POWELL, Colin L.                            | DCSA (b)(6), (b)(7)(C), (k)(2) |              | 920422                  |





For DD Form 398 revision dated Sept. 89 - Page 3 of 5 is an Authority for Release of Information and Records.

For DD Form 398-2 revision dated Sept. 89 - Page 4 of 4 is an Authority for Release of Information and Records.

For DD Form 398 revision dated March 90 - Page 6 of 16 is an Authority for Release of Information and Records. Pages 7 through 16 are instructions only.

For DD Form 398-2 revision dated March 90 - Page 2 of 16 is an Authority for Release of Information and Records. Pages 6 through 14 are instructions only.

END OF CURRENT FILE

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0904 76-146-1236

REQUEST FOR AND RESULTS OF PERSONNEL SECURITY ACTION

TO: (Control Office, Address and ZIP Code)

ACofS for CONUS Operations  
USAINTC  
Box 398  
ATTN: OPS-2

THRU: (Include ZIP Code)

FROM: (Include ZIP Code) (Include Control Code Number - See AR 381-45)

USASSD, OACSI, DA  
THE PENTAGON  
Washington D. C. 20310

Enter name and address and Code of ACTION (DNCY to which results are to be sent.) (Include ZIP Code)

USASSD Liaison Office  
USAPSG  
Fort Holabird, Maryland  
ATTN: 3019

CONTROL OFFICE USE ONLY

DATE OPENED REQUEST NO.

DATE CLOSED DOSSIER NO.

REMARKS

SECTION I - REQUESTER TO CONTROL OFFICE

1. SUBJECT (Last name in capitals, first, middle)

PJWELL, Colin Luther

2. ALIAS(ES), MAIDEN NAME

3. SERVICE (SOCIAL SECURITY NO.)

DCSA (b)(6), (b)(7)(C), (k)(2)

4. DATE OF BIRTH (Month, Day, Year)

5 April 1937

5. PLACE OF BIRTH (City, State and Country)

New York, New York, USA

6. GRADE AND POSITION

CGSC

CHECK APPROPRIATE BOXES AND LINE OUT INAPPLICABLE WORDS IN PARENTHESES

7. INVESTIGATIVE ACTION REQUESTED AND REASONS THEREFOR

☒ BACKGROUND INVESTIGATION REQUIRED FOR: Access to Special Intelligence

☐ (A) (Less) (Limited Access) TO MATERIAL CLASSIFIED (CONFIDENTIAL) (SECRET) (TOP SECRET)

☐ ALIEN REQUIREMENT CONTAINED IN AR 600-200

☐ (Limited) (Critical) NUCLEAR WEAPON POSITION PRESCRIBED IN AR 381-130

☒ OTHER (Specify): Special Intelligence

☐ INVESTIGATION REQUIRED FOR (Reinvestigation) REQUIRED FOR (Ultra-Sensitive Position) HIGHLY SENSITIVE - 112

☐ LIMITED INVESTIGATION REQUIRED IN ACCORDANCE WITH PARAGRAPH 63 AR 381-130 TO RESOLVE ADVERSE INFORMATION ENTERED IN ITEM 11 OR ATTACHED DOCUMENTS. 5 - 113

☐ OTHER INVESTIGATIVE ACTION REQUESTED AND REASONS THEREFOR:

8. AS REQUIRED BY AR 604-5, LOCAL FILES ☐ PERSONNEL, ☐ INTELLIGENCE, ☐ PROVOST MARSHAL, ☐ MEDICAL, ☐ CHECKED ON (Date) AND REVEALED: ☐ NO UNFAVORABLE INFORMATION 8 - 115

☐ UNFAVORABLE INFORMATION SUMMARIZED IN ITEM 11 BELOW WHICH IS NOT A BAR TO CLEARANCE OR ACTION CONTEMPLATED. 7 - 116

9. LATEST INVESTIGATION AND/OR CLEARANCE (Indicate type, when made, by whom, and file or dossier number.)

G1 01 46 07

10. NO BREAK IN FEDERAL SERVICE EXCEEDING SIX MONTHS SINCE

(8) - NAC

11. REMARKS (Use continuation sheets as required.)

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INCL 3027 SPH REC(2)

TYPED NAME AND TITLE N. E. ENIS, LTC, AIS Chief, Security Branch

SIGNATURE

DA FORM 2784 1 DEC 16

REPLACES EDITION OF 1 APR 64 WHICH IS OBSOLETE EXCEPT WHERE SHOWN OTHERWISE



DUPLICATE

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| CHECK APPROPRIATE BOX(ES) AND LINE OUT INAPPLICABLE WORDS IN PARENTHESES                                                        |                                                                                             |                                             |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
| SECTION II - CONTROL OFFICE TO REQUESTER                                                                                        |                                                                                             |                                             | DATE                                                                |
| <input type="checkbox"/> NEW FINGERPRINT CARD REQUIRED.                                                                         | <input type="checkbox"/> ITEMS RED LINED ON SPH (PSO) REQUIRE CORRECTION AND/OR COMPLETION. |                                             |                                                                     |
| <input type="checkbox"/> REQUEST CLARIFICATION OF PARA _____ ABOVE.                                                             |                                                                                             |                                             |                                                                     |
| INCL                                                                                                                            | TYPED NAME AND TITLE                                                                        | SIGNATURE                                   |                                                                     |
| SECTION III - REQUESTER TO CONTROL OFFICE                                                                                       |                                                                                             |                                             | DATE                                                                |
| <input type="checkbox"/> ACTION REQUIRED BY SECTION II HAS BEEN COMPLETED.                                                      |                                                                                             |                                             |                                                                     |
| <input type="checkbox"/> REQUEST INVESTIGATION BE CANCELED FOR THE FOLLOWING REASON:                                            |                                                                                             |                                             |                                                                     |
| <input type="checkbox"/> CLEARANCE REQUIREMENT IS TERMINATED.                                                                   | <input type="checkbox"/> SUBJECT HAS BEEN (Suspended) (Discharged) AND ORDERS ARE ATTACHED. | <input type="checkbox"/> OTHER (Explain)    |                                                                     |
| <input type="checkbox"/> SUBJECT HAS BEEN TRANSFERRED (Orders attached).                                                        |                                                                                             |                                             |                                                                     |
| INCL                                                                                                                            | TYPED NAME AND TITLE                                                                        | SIGNATURE                                   |                                                                     |
| SECTION IV - CONTROL OFFICE TO ACTION AGENCY                                                                                    |                                                                                             |                                             | DATE                                                                |
| RESULTS OF COUNTERINTELLIGENCE INVESTIGATION:                                                                                   |                                                                                             |                                             |                                                                     |
| <input checked="" type="checkbox"/> FAVORABLE. <input type="checkbox"/> ATTACHED DOCUMENTS FORWARDED FOR SECURITY DETERMINATION |                                                                                             |                                             |                                                                     |
| TYPE OF INVESTIGATION COMPLETED:                                                                                                |                                                                                             |                                             |                                                                     |
| <input checked="" type="checkbox"/> BACKGROUND                                                                                  | <input type="checkbox"/> SPECIAL                                                            | <input type="checkbox"/> REINVESTIGATION    | <input type="checkbox"/> LIMITED <input type="checkbox"/> COMPLAINT |
| CONTROL OFFICE COMPLETING INVESTIGATION                                                                                         | SIGNATURE OF OFFICIAL CLOSING INVESTIGATION                                                 |                                             | DATE COMPLETED                                                      |
| USAINTC                                                                                                                         | <i>[Signature]</i>                                                                          |                                             | 8 - MAY 1967                                                        |
| INCL                                                                                                                            | TYPED NAME AND POSITION                                                                     | LLOYD B. FISH<br>LTC - 1 S<br>Chief, OPS II |                                                                     |
| SECTION V - ACTION AGENCY TO GAINING COMMAND                                                                                    |                                                                                             |                                             | DATE                                                                |
| GAINING COMMAND AND ADDRESS (Include ZIP Code)                                                                                  |                                                                                             |                                             |                                                                     |
| SUBJECT TRANSFERRED TO YOUR COMMAND PER SPECIAL ORDER NO. _____ (Copy included)                                                 |                                                                                             |                                             |                                                                     |
| INCL (Include orders)                                                                                                           | TYPED NAME AND TITLE                                                                        | SIGNATURE                                   |                                                                     |
| SECTION VI - RECORD OF FINAL ACTION (ACTION AGENCY TO USAIRF)                                                                   |                                                                                             |                                             | DATE                                                                |
| <input type="checkbox"/> FAVORABLE DETERMINATION.                                                                               |                                                                                             |                                             |                                                                     |
| <input type="checkbox"/> CLEARANCE GRANTED (TOP SECRET) (SECRET) (CONFIDENTIAL) (CRYPTO) (SPECIAL)                              |                                                                                             |                                             |                                                                     |
| <input type="checkbox"/> CLEARANCE DENIED AND ACTION TAKEN IN ACCORDANCE WITH PARA 24, AR 604.5.                                |                                                                                             |                                             |                                                                     |
| <input type="checkbox"/> REMARKS:                                                                                               |                                                                                             |                                             |                                                                     |
| USASSD MACSI DA-150<br>USAPSG A-17 3019<br>Ft. Belvoir, Md 21219                                                                |                                                                                             |                                             |                                                                     |
| INCL                                                                                                                            | TYPED NAME, TITLE AND ORGANIZATION                                                          | SIGNATURE                                   |                                                                     |
|                                                                                                                                 |                                                                                             |                                             |                                                                     |



# AGENT REPORT

(AR 381-1701 PM 30-17)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

Major, (OL), 083 771

DPOB: 5 April 1937-New York, New York

**DCSA: Best Copy Available**

## 2. DATE SUBMITTED

18 April 1967

## 3. CONTROL SYMBOL OR FILE NUMBER

7100-5195

**DCSA (b)(6), (b)(7)(C), (k)(2)**

## 4. REPORT OF FINDINGS

(LOCAL AGENCY) On 13 April 1967, the following information pertaining to SUBJECT was obtained from the records of the Massachusetts Board of Probation, New Court House, Pemberton Square, Boston, Massachusetts:

|                   |                                                         |
|-------------------|---------------------------------------------------------|
| Name:             | Colin L. POWELL                                         |
| Date of Birth:    | 5 April 1937                                            |
| Place of Birth:   | New York, New York                                      |
| Address:          | 183 68 Elmira Avenue, St. Albans,<br>New York           |
| Previous Address: | Hq. Co. 1st Bn, 2nd Inf., Fort Devens,<br>Massachusetts |
| Occupation:       | Soldier                                                 |
| Marital Status:   | Married                                                 |
| Spouse:           | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b>                   |
| Parents:          |                                                         |
| Height:           | 6 feet 1 inch                                           |
| Weight:           | 185 pounds                                              |
| Complexion:       | Medium                                                  |
| Offense:          | Speeding                                                |
| Date of Offense:  | 11 September 1962                                       |
| Court:            | Ayer, Mass.                                             |
| Disposition:      | Guilty, Fined \$25-Paid                                 |

AGENT'S NOTES: The Massachusetts Board of Probation is a central repository for all records of arrests which result in conviction in the Commonwealth of Massachusetts. Records of arrests for drunkenness and some minor traffic violations which do not result in conviction are recorded for court reference. Massachusetts law forbids the disclosure of arrest or conviction records for offenses committed prior to an individual's seventeenth birthday.

**DCSA (b)(6), (b)(7)(C), (k)(2)**

## 5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

**DCSA (b)(6), (b)(7)(C), (k)(2)**

108th MI Group (III)

DA FORM 341

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**DCSA: Best Copy Available**

**AGENT REPORT**

(FM 30-17)

**1. NAME OF SUBJECT OR TITLE OF INCIDENT**

POWELL, Colin Luther

Major, (OL) OS3 771

DPOB: 5 April 1937-New York, New York

**2. DATE SUBMITTED**

13 April 1967

**3. CONTROL SYMBOL OR FILE NUMBER**

7100-5195 (GI-01-16-07)

DCSA (b)(6), (b)(7)(C), (k)(2)

**4. REPORT OF FINDINGS**

(LOCAL AGENCY) During previous attempts to develop information at the Provost Marshal's Office, United States Army Garrison, Fort Devens, Massachusetts, it has been determined that apprehension, offense and incident journals, registers, and card files are destroyed after three years from date of last entry, in accordance with paragraph 98, AR 345-265.

AGENT'S NOTES: The above named agency is a central repository for all records in the New England area.

**5. INITIAL NAME AND ORGANIZATION OF SPECIAL AGENT**

DCSA (b)(6), (b)(7)(C), (k)(2)

**6. SIGNATURE OF SPECIAL AGENT**

DCSA (b)(6), (b)(7)(C), (k)(2)

108th FOR OFFICIAL

DA FORM 341

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U.S. GOVERNMENT PRINTING OFFICE: 1956 O-598108



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**AGENT REPORT**  
(SR 340-320-10)

~~EXCLUDED FROM AUTOMATIC TERMINATION~~

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
Maj (04) 083771  
DPOB: 5 April 1937, New York City, New York

2. DATE SUBMITTED

13 April 1967

3. CONTROL SYMBOL OR FILE NUMBER

7100-5195 G1 P 16 C1

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF FINDINGS

(LOCAL AGENCY)

| <u>AGENCY</u>                                                                | <u>DATE</u>   | <u>RESULTS</u>   |
|------------------------------------------------------------------------------|---------------|------------------|
| Police Department<br>Birmingham, Alabama                                     | 13 April 1967 | <u>No Record</u> |
| Recorders Court<br>Birmingham, Alabama                                       | 13 April 1967 | No Record        |
| Sheriffs Department<br>Jefferson County<br>Birmingham, Alabama               | 13 April 1967 | No Record        |
| County Court<br>Jefferson County<br>Birmingham, Alabama                      | 13 April 1967 | No Record        |
| Circuit Court (Criminal Division)<br>Jefferson County<br>Birmingham, Alabama | 13 April 1967 | No Record        |

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5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)  
11th MI Gp (IV)

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

REPLACES WD AGO FORM 341, 1 JUN 61, WHICH MAY BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1964 O-7254824



## AGENT REPORT

(SR 180-120-10)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

MAJ 083771

DPOB: 5 April 1937, New York, New York

## 2. DATE SUBMITTED

20 April 1967

7100-5195 (G1014607)

DCSA (b)(6), (b)(7)(C), (k)(2)

## 3. REPORT OF FINDINGS

(LOCAL AGENCIES): On 18 April 1967, records of the following agencies were checked and revealed no record concerning SUBJECT:

Police Department, Columbus, Georgia

Muscogee County Police, Columbus, Georgia

Police Department, Phenix City, Alabama

Office of the Sheriff, Russell County, Phenix City, Alabama

Office of the Provost Marshal, USAIC, Fort Benning, Georgia

Criminal Investigation Detachment A, 3d MCP Group, Fort Benning, Georgia

"THIS PROTECTIVE MARKING IS EXCLUDED FROM AUTOMATIC TERMINATION"

## 4. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

Region 7, 111th MI Group

DA FORM 341

1 APR 62

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16-7100-5195 (G1014607) (SR 180-120-10)



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AGENT REPORT  
(enR 301-1301 PM 30-17)

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1. NAME OF SUBJECT OR TITLE OF INCIDENT

POMELL, Colin Luther  
MAJ, O83771

DPOB: 5 April 1937, New York, New York

2. DATE SUBMITTED

14 April 1967

3. CONTROL NUMBER OR FILE NUMBER

7100-5195, G1 01 16 07

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF FINDINGS

(LOCAL AGENCIES) On date(s) indicated, records of the following agencies were examined regarding SUBJECT, with results as shown:

|               |                                                                                             |           |
|---------------|---------------------------------------------------------------------------------------------|-----------|
| 13 April 1967 | Police Department, Spring Lake,<br>North Carolina                                           | No Record |
| 13 April 1967 | City-County Bureau of Identification,<br>Cumberland County, Fayetteville,<br>North Carolina | No Record |
| 13 April 1967 | Superior Court (Criminal), Cumberland<br>County, Fayetteville, North Carolina               | No Record |
| 13 April 1967 | Office of the Provost Marshal, Fort<br>Bragg, North Carolina                                | No Record |
| 13 April 1967 | Detachment "B", 3d Military Police<br>Group (CI), Fort Bragg,<br>North Carolina             | No Record |

THIS PROTECTIVE MARKING IS  
EXCLUDED FROM AUTOMATIC TERMINATION

5. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

RCN-11, 111TH MI GROUP

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 52

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| AGENT REPORT<br>(AR 381-1701 PM 30-175)                                                                                                          |                                                                                                               | FOR OFFICIAL USE                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. NAME OF SUBJECT OR TITLE OF INCIDENT<br>POWELL, Colin Luther<br>Maj, 083771<br>DPOB: 5 April 1937, New York, New York                         |                                                                                                               | 2. DATE SUBMITTED<br>25 April 1967 |
| 3. CONTROL SYMBOL OR FILE NUMBER<br>DCSA (b)(6), (b)(7)(C), (k)(2)<br>7100 5195, GI 01 45 07                                                     |                                                                                                               |                                    |
| 4. REPORT OF FIELD (S) AGENCIES) On date(s) indicated, files of the following agencies were examined, concerning SUBJECT, with results as shown: |                                                                                                               |                                    |
| 14 April 1967                                                                                                                                    | Identification Files, State Bureau of Investigation, State of North Carolina, Raleigh, North Carolina         | No record                          |
| 14 April 1967                                                                                                                                    | Master Files (Investigative), State Bureau of Investigation, State of North Carolina, Raleigh, North Carolina | No record                          |
| 14 April 1967                                                                                                                                    | Driving License Division, North Carolina Department of Motor Vehicles, Raleigh, North Carolina                | No record                          |
| THIS PROTECTIVE MARKING IS EXCLUDED FROM AUTOMATIC TERMINATION (when data entered)                                                               |                                                                                                               |                                    |
| 5. FIELD NAME AND ORGANIZATION OF SPECIAL AGENT<br>DCSA (b)(6), (b)(7)(C), (k)(2)<br>ECN II, 11TH MI GROUP                                       |                                                                                                               | DCSA (b)(6), (b)(7)(C), (k)(2)     |

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AGENT REPORT

(AR 381-100, FM 30-17)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

MAJ 063771

DPQ: 5 April 1967, New York, New York

2. DATE SUBMITTED

20 April 1967

3. CONTROL SYMBOL OF FILE NUMBER

7100-5195 (G1014607)

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF (FORM 1)

(MEDICAL FILE CHECK) On 18 April 1967, SUBJECT'S Field Medical File was examined at Dispensary #4, Martin Army Hospital, Fort Benning, Georgia, and revealed no derogatory or unfavorable information concerning HIM. There was no record of any mental or nervous disorders, addiction to narcotics, barbiturates, habit forming drugs, or chronic use of alcoholic beverages. HIS Physical Profile was 111211, Physical Category "B". No other information was disclosed which might preclude SUBJECT from performing suitably in a position of trust and responsibility.

"THIS PROTECTIVE MARKING IS EXCLUDED FROM AUTOMATIC TERMINATION"

5. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

Region V, 11th MI Group

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

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**AGENT REPORT**

(SR 390-390-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

MAJ 085771

DFOB: 5 April 1937, New York, New York

2. DATE SUBMITTED

20 April 1967

3. CONTROL SYMBOL OR FILE NUMBER

7100-5195 (G1014607)

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF FINDINGS

(MILITARY RECORDS CHECK) On 18 April 1967, SUBJECT'S 201 File was examined at the Headquarters Personnel Branch, US Army Infantry Center, Fort Benning, Georgia, and revealed no derogatory information and no significant discrepancies with HIS DD Form 399 (Statement of Personal History), executed by HIM on 24 February 1967.

THIS PROTECTIVE MARKING IS EXCLUDED  
FROM AUTOMATIC TERMINATION

5. ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

Major V, 11th MI Group

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

REPLACES WD AG FORM 341, 1 JUN 60, WHICH MAY BE USED

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AGENT REPORT

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

MAF 003771

DPoB: 5 April 1937, New York, New York

2. DATE SUBMITTED

17 April 1967

3. CONTAINING SYMBOL OR FILE NUMBER

710-5195 (G1014607)

DCSA (b)(6), (b)(7)(C), (k)(2)

4. SUMMARY OF FINDINGS

(MILITARY SUPERVISOR) The following individual(s) was/were interviewed concerning SUBJECT on the date(s) indicated, and vouched for the excellence of SUBJECT'S moral character, integrity, discretion, stability, and complete loyalty to the United States; and recommend that SUBJECT be favorably considered for a position of trust and responsibility with the Federal Government:

a. DCSA (b)(6), (b)(7)(C), (k)(2)

(name and address of interviewee)

DCSA (b)(6), (b)(7)(C), (k)(2)

14 April 1967 - Acting Committee Chairman, Operations Committee,  
(date interviewed) (occupation and business address)

Stump Group, Brigade and Battalion Operations Department, USAES, Fort Benning, Georgia

Source had daily duty contact with SUBJECT from September  
(nature, degree, and duration of relationship with SUBJECT)

1966 to the present. Source considered SUBJECT financially reliable.

X

(name and address of interviewee)

(date interviewed) (occupation and business address)

(nature, degree, and duration of relationship with SUBJECT)

X

(name and address of interviewee)

(date interviewed) (occupation and business address)

(nature, degree, and duration of relationship with SUBJECT)

THIS PROTECTIVE MARKING IS EXCLUDED  
FROM AUTOMATIC TERMINATION

5. TYPE NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

Region V, 11th INTC Group

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

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50-74110-1 U. S. GOVERNMENT PRINTING OFFICE

Army Ft Monmouth Ga 533/64



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AGENT REPORT

(SF 110-330-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

MAT 093771

DOB: 5 April 1937, New York, New York

2. DATE SUBMITTED

17 April 1967

3. CONTROL SYMBOL OR FILE NUMBER

7100-5195(6101467)

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF FINDINGS

(MILITARY ASSOCIATE) The following individual(s) was/were interviewed concerning SUBJECT on the date(s) indicated, and vouched for the excellence of SUBJECT'S moral character, integrity, discretion, stability, and complete loyalty to the United States; and recommend that SUBJECT be favorably considered for a position of trust and responsibility with the Federal Government:

a. DCSA (b)(6), (b)(7)(C), (k)(2)

George (name and address of interviewee)

14 April 1967 - Instructor, Operations Committee Staff Group,  
(date interviewed) (occupation and business address)  
Brigade and Battalion Operations Department, US Army Infantry School, Fort Benning  
Source had daily duty contact with SUBJECT from Oct 1966  
(nature, degree, and duration of relationship with SUBJECT)  
to the present. He considered SUBJECT financially reliable.

X

(name and address of interviewee)

(date interviewed) (occupation and business address)

(nature, degree, and duration of relationship with SUBJECT)

X

(name and address of interviewee)

(date interviewed) (occupation and business address)

(nature, degree, and duration of relationship with SUBJECT)

THIS PROTECTIVE MARKING IS EXCLUDED  
FROM AUTOMATIC TERMINATION

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)  
Region V, 11th Int Group

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

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16-71146-1 G. S. GOVERNMENT PRINTING OFFICE  
Army, Ft. Monmouth, N.J. 033/64



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AGENT REPORT  
(AR 181-1301 PM 30-17)

|                                                                                                                                                                                                                      |  |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|
| 1. NAME OF SUBJECT OR TITLE OF INCIDENT<br>SUBJECT: POWELL, Colin Luther<br>ASN-SSN: Maj (04) 083771<br>DOB :<br>D POB : 5 Apr 37, New York, N.Y.                                                                    |  | 2. DATE SUBMITTED<br>15 April 1967 |
| 3. CONTROL SYMBOL OR FILE NUMBER<br>7100-5195                                                                                                                                                                        |  | DCSA (b)(6), (b)(7)(C), (k)(2)     |
| 4. REPORT OF THOUGHTS (LISTED) (UNCLASSIFIED) CHARACTER REFERENCE                                                                                                                                                    |  |                                    |
| INTERVIEWEE: DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                          |  |                                    |
| DATE/PLACE OF INTERVIEW: 15 April 1967, telephonically DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                |  |                                    |
| OCCUPATION : Civil Engineer                                                                                                                                                                                          |  |                                    |
| RESIDENCE : DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                           |  |                                    |
| 1. Subject's Name with Aliases: Colin L POWELL                                                                                                                                                                       |  |                                    |
| 2. Length of Acquaintance: 1955 to present<br>Type of Contact: School mates and personal friends<br>Degree of Association: Saw daily while in school, twice yearly since<br>Last Seen: 8 April 1967 at Source's home |  |                                    |
| 3. Names of Parents & Siblings: DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                       |  |                                    |
| 4. Marital Status: Married, two children Wife's Name: DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                 |  |                                    |
| 5. Residences: Presently stationed at Ft. Benning, Ga., parents reside on DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                             |  |                                    |
| 6. Education: DCSA (b)(6), (b)(7)(C), (k)(2)<br>Graduate City College, New York, New York                                                                                                                            |  |                                    |
| 7. Employment: None prior to entering service                                                                                                                                                                        |  |                                    |
| 8. Character & Reputation: Excellent                                                                                                                                                                                 |  |                                    |
| 9. Honesty and Integrity: Unquestioned                                                                                                                                                                               |  |                                    |
| 10. Personal & Financial Habits: Excellent                                                                                                                                                                           |  |                                    |
| 11. Personality: Intelligent, pleasant, friendly                                                                                                                                                                     |  |                                    |
| 12. Mental Stability & Maturity: Unquestioned                                                                                                                                                                        |  |                                    |
| 13. Political Sympathies: No adverse                                                                                                                                                                                 |  |                                    |
| 14. Organizations: None                                                                                                                                                                                              |  |                                    |
| 15. Foreign Travel: None except in service                                                                                                                                                                           |  |                                    |
| 16. Relatives in Foreign Countries: Has relatives in Jamaica                                                                                                                                                         |  |                                    |
| 17. Loyalty: Unquestioned                                                                                                                                                                                            |  |                                    |
| 18. Recommendation for Position of Trust: Recommend highly                                                                                                                                                           |  |                                    |
| 19. Throw Offs: DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                       |  |                                    |
| 20. Remarks: Source and SUBJECT were fellow students at City College of New York.                                                                                                                                    |  |                                    |

PARA 22 AR 381-130 APPLIES

"FOR OFFICIAL USE ONLY", THIS PROTECTIVE MARKING IS EXCLUDED FROM AUTOMATIC TERMINATION

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th MI Group (LCCFO)

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA 341

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HEADQUARTERS REGION III  
108th INTELLIGENCE CORPS GROUP  
Boston Army Base, Boston, Massachusetts 02210

# 7100-5195

13 April 1967

TO:

DCSA (b)(6), (b)(7)(C), (k)(2)

Dear

Re: Colin Luther POWELL

The person identified above is being considered, or is an applicant, for a position of trust and responsibility with the Department of Defense. The interests of the National security require that all persons privileged to be employed in the departments and agencies of the Government shall be reliable, trustworthy, of good conduct and character, and of complete and unswerving loyalty to the United States.

To help determine whether this person meets these requirements, we ask that you complete and return this form as soon as possible. Please answer all the questions on the reverse side of this letter as fully and specifically as you can. If you need more space for your answers, please use a separate sheet of paper. This information which you furnish will be held in confidence.

A self-addressed envelope which requires no postage is enclosed for your reply. Inasmuch as final determination will be influenced by your reply, we shall appreciate hearing from you at your earliest convenience.

Sincerely yours,

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

MAJ, AIS  
Region Commander

TPM: sm



4/20/7

Dear Major

DCSA (b)(6), (b)(7)(C), (k)(2)

I am sorry for my  
delay in returning this form.  
This past week was "school  
vacation week," and I took  
full advantage of it.

I am delighted with  
the opportunity to recommend  
Colin enthusiastically and  
proudly.

DCSA (b)(6), (b)(7)(C), (k)(2)



## INQUIRY FOR DEPARTMENT OF DEFENSE USE ONLY

NAME OF SUBJECT: POWELL, Colin Luther  
MAJ (04) 083 771

FILE NUMBER: 7100-5195 (G101:607)

DPOB: 5 April 1937-New York, New York

SSN: DCSA (b)(6), (b)(7)(C), (k)(2)

(LISTED CHARACTER REFERENCE)

## TO BE COMPLETED BY ADDRESSEE OF THIS INQUIRY

1. How long have you known this person, and in what capacity(ies)?

Capacity

Approx: from when to when Last time you saw this

PERSON

Employment-Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Co-Worker: \_\_\_\_\_

Education-Instructor: \_\_\_\_\_

Education-Co-Student: \_\_\_\_\_

Acquaintance: \_\_\_\_\_

Relative (Specify either by blood or marriage): \_\_\_\_\_

2. Personal Appraisal

Please Check Applicable Block

YES NO

- A. Do you have any reason to question this person's loyalty to the United States? ☒
- B. Do you have any reason to believe this person belongs, or has belonged, to any communist or fascist organization, or to any organization which advocates overthrowing or altering our Constitutional form of government by force or other illegal means? ☒
- C. To your knowledge does this person associate, or has he associated, with any person whose loyalty to the United States is questionable or who belongs to any of the types of organizations described above? ☒
- D. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, discreet, and of good conduct and moral character? ☒
- E. Do you have knowledge that this person's activity is adversely affected by the use of alcoholic beverages or narcotics? ☒
- F. To your knowledge does this person have any association with foreign persons or organizations whose interests are believed to be inimical to those of the United States? ☒
- G. Would you recommend this person to be considered for a position of trust and responsibility with the United States Government? If NO, please explain in Remarks below. ☒
- H. Do you consider this person financially reliable? If NO, please explain in Remarks below. ☒

3. Please list the names and addresses of two persons who would have knowledge of this person (Other than relatives):

NAME STREET CITY STATE ZIP CODE PHONE

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REMARKS:

Colin Powell is one of the finest, highly intelligent, honest, thoughtful men I know.

PLEASE SIGN YOUR NAME BELOW

April 30, 1967

DCSA (b)(6), (b)(7)(C), (k)(2)

High School Teacher

5. If you desire a personal interview concerning this person, please check here \_\_\_\_\_



## INQUIRY FOR DEPARTMENT OF DEFENSE USE ONLY

NAME OF SUBJECT: POWELL, Colin Luther

FILE NUMBER: 7100-5195

MAJ (O4) 083 771

SSN: DCSA (b)(6), (b)(7)(C), (k)(2)

DPOB: 5 April 1937-New York, New York

SSN: DCSA (b)(6), (b)(7)(C), (k)(2)

## (LISTED CHARACTER REFERENCE)

## TO BE COMPLETED BY ADDRESSEE OF THIS INQUIRY

## 1. How long have you known this person and in what capacity(ies)?

Capacity Approx: from when to when Last time you saw this person.

Employment-Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Co-Worker: ☒ 6/19/59 thru 1/19/61 to 10 May 10, 1966

Education-Instructor: \_\_\_\_\_

Education-Co-Student: \_\_\_\_\_

Acquaintance: \_\_\_\_\_

Relative (Specify either by blood or marriage): \_\_\_\_\_

## 2. Personal Appraisal Please Check Applicable Block

- |                                                                                                                                                                                                                                                             | YES                                 | NO                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| A. Do you have any reason to question this person's loyalty to the United States?                                                                                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| B. Do you have any reason to believe this person belongs, or has belonged, to any communist or fascist organization, or to any organization which advocates overthrowing or altering our Constitutional form of government by force or other illegal means? |                                     | <input checked="" type="checkbox"/> |
| C. To your knowledge does this person associate, or has he associated, with any person whose loyalty to the United States is questionable or who belongs to any of the types of organizations described above?                                              |                                     | <input checked="" type="checkbox"/> |
| D. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, discreet, and of good conduct and moral character?                                                      |                                     | <input checked="" type="checkbox"/> |
| E. Do you have knowledge that this person's activity is adversely affected by the use of alcoholic beverages or narcotics?                                                                                                                                  |                                     | <input checked="" type="checkbox"/> |
| F. To your knowledge does this person have any association with foreign persons or organizations whose interests are believed to be inimical to those of the United States?                                                                                 |                                     | <input checked="" type="checkbox"/> |
| G. Would you recommend this person to be considered for a position of trust and responsibility with the United States Government? If NO, please explain in Remarks below.                                                                                   | <input checked="" type="checkbox"/> |                                     |
| H. Do you consider this person financially reliable? If NO, please explain in Remarks below.                                                                                                                                                                | <input checked="" type="checkbox"/> |                                     |

## 3. Please list the names and addresses of two persons who would have knowledge of this person (Other than relatives):

NAME STREET CITY STATE ZIP CODE PHONE

1. DCSA (b)(6), (b)(7)(C), (k)(2)

2. DCSA (b)(6), (b)(7)(C), (k)(2) Hq. 3rd Brigade, 1st Air Cav. Division, APO

4. REMARKS: San Francisco, Calif. 96409

DCSA (b)(6), (b)(7)(C), (k)(2)

SIGN YOUR NAME BELOW

DCSA (b)(6), (b)(7)(C), (k)(2)



## 5. If you desire a personal interview concerning this person, please check here \_\_\_\_\_



Boston Army Base, Boston, Massachusetts 02210



# 7200-5295

23 April 1967

TO: SAC, NEW YORK (100-38861) FROM: SAC, NEW YORK (100-38861) (P)

UNITED STATES DEPARTMENT OF JUSTICE

DCSA (b)(6), (b)(7)(C), (k)(2)

Dear [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) Re: Colin Luther ECKEL

The person identified above is being considered, or is an applicant, for a position of trust and responsibility with the Department of Defense. The interests of the National security require that all persons privileged to be employed in the departments and agencies of the Government shall be reliable, trustworthy, of good conduct and character, and of complete and unswerving loyalty to the United States.

To help determine whether this person meets these requirements, we ask that you complete and return this form as soon as possible. Please answer all the questions on the reverse side of this letter as fully and specifically as you can. If you need more space for your answers, please use a separate sheet of paper. This information which you furnish will be held in confidence.

A self-addressed envelope which requires no postage is enclosed for your reply. Inasmuch as final determination will be influenced by your reply, we shall appreciate hearing from you at your earliest convenience.

**DCSA: Best Copy Available**

Sincerely, yours

DCSA (b)(6), (b)(7)(C), (k)(2)

TPM: 8M

NOV 2 1964 MAJ:MAIS

NY 104-10333

Region Commander (41501000)

NAME OF SUBJECT: ROBERT SCOTT CAMPBELL

1918-5 OVERSEA-TRADE-213

[illegible]



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AGENT REPORT

(SR 100-229-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

MAT 083771

OPOR: 5 April 1937, New York, New York

2. DATE SUBMITTED

17 April 1967

3. CONTRA SYMBOL OR FILE NUMBER

7100-5195(61017607)

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF FINDINGS

(DEVELOPED CHARACTER REEVALUATION) The following individual(s) was/were interviewed concerning SUBJECT on the date(s) indicated, and vouched for the excellence of SUBJECT'S moral character, integrity, discretion, stability, and complete loyalty to the United States; and recommend that SUBJECT be favorably considered for a position of trust and responsibility with the Federal Government:

a. DCSA (b)(6), (b)(7)(C), (k)(2)

(name and address of interviewee)

DCSA (b)(6), (b)(7)(C), (k)(2)

14 April 1967 - Instructor, Operations Committee, Staff Group, Brigade and Battalion Operations Department, US Army Infantry School, Fort Benning.

Source had daily duty contact with SUBJECT from November 1966 to the present. He considered SUBJECT financially reliable.

b. DCSA (b)(6), (b)(7)(C), (k)(2)

(name and address of interviewee)

DCSA (b)(6), (b)(7)(C), (k)(2)

14 April 1967 - Operations Sergeant, Operations Committee, Staff Group, Brigade and Battalion Operations Department, US Army Infantry School, Fort Benning, Georgia.

Source had daily duty contact with SUBJECT from November 1966 to the present. Source considered SUBJECT financially reliable.

X  
(name and address of interviewee)

(date interviewed) (occupation and business address)

(nature, degree, and duration of relationship with SUBJECT)

THIS PROTECTIVE MARKING IS EXCLUDED  
FROM AUTOMATIC TERMINATION

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

Region V, 11th INTC Group

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

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DA FORM 341, APR 62  
GPO: 1962 O - 511-611  
DA FORM 341, APR 62  
GPO: 1962 O - 511-611



# AGENT REPORT (AR 381-130, FM 30-17)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
Maj (04) 083771  
DPOB: 5 April 1937, New York City, New York

2. DATE SUBMITTED

14 April 1967

3. CONTROL SYMBOL OR FILE NUMBER

71005192

4. REPORT OF FINDINGS

(LISTED CREDIT REFERENCE) On 14 April 1967, an examination of the records of the Marine Midland National Bank, 174 Main Street, Highland Falls, New York, 10928, conducted with the assistance of DCSA (b)(6), (b)(7)(C), (k)(2) Secretary, revealed the following information concerning SUBJECT:

|                              |                                                                                 |
|------------------------------|---------------------------------------------------------------------------------|
| Name:                        | Captain Colin L. Powell                                                         |
| Spouse:                      | DCSA (b)(6), (b)(7)(C), (k)(2)                                                  |
| Address:                     | 172 A Arrowhead Road<br>Fort Benning, Georgia                                   |
| Account:                     | Joint Checking Account                                                          |
| Account Number:              | DCSA (b)(6), (b)(7)(C), (k)(2)                                                  |
| Account Opened:              | 7 February 1961                                                                 |
| Account Closed:              | Active Account                                                                  |
| Average Monthly Deposit:     | \$582                                                                           |
| Average Monthly Balance:     | Medium - Low 3 figure                                                           |
| Savings Account:             | None                                                                            |
| Loan Record:                 | 3 paid satisfactory loans; one open loan, high of \$1189.20, being paid on time |
| Credit Rating:               | Excellent                                                                       |
| Eligible for further credit: | Yes                                                                             |
| Remarks:                     | None                                                                            |

DCSA: Best Copy Available

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2) 108th MI Group

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

REPLACES WD AGO FORM 341, 1 JAN 47, WHICH MAY BE USED.



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AGENT REPORT

(SR 345-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

Maj (O4) 083 771

DPOB: 5 April 1937, New York City, N. Y.

2. DATE SUBMITTED

20 April 1967

3. CONTROL SYMBOL OR FILE NUMBER

7100-5195 (CI 01 46-07)

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF FINDINGS

(LISTED CREDIT REFERENCE) On 18 April 1967, an attempt made at Sears, Roebuck & Company, 675 Ponce de Leon Avenue, NE, Atlanta, Georgia, to check credit records concerning Colin Luther POWELL, met with negative results. Opal Richardson, Receptionist, advised substantially as follows:

Source was unable to locate either an open or closed account concerning SUBJECT. If SUBJECT'S account was closed satisfactorily more than three years ago, all records concerning it would have been destroyed.

DCSA: Best Copy Available

THIS PROTECTIVE MARKING IS  
EXCLUDED FROM AUTOMATIC TERMINATION

5. TITLE RANK AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

Region V, 11th MI Group

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

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GPO : 1965 O - 701-101-1

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Army, Ft. Monmouth, N. J. 08065



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**DCSA: Best Copy Available**

**AGENT REPORT**

(SR 180-320-10)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

TOWELL, Colin Luther

MAJ 063771

DOB: 5 April 1937, New York, New York

2. DATE SUBMITTED

20 April 1967

3. CONTROL SYMBOL OR FILE NUMBER

7100-5195 (G1014607)

DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF FINDINGS

(DEVELOPED CREDIT REFERENCE) On 18 April 1967, credit records of the Merchants Credit Association, 409 12th Street, Columbus, Georgia, were examined and revealed no record of SUBJECT.

"THIS PROTECTIVE MARKING IS EXCLUDED FROM AUTOMATIC TERMINATION"

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

Region V, 111th MI Group

DCSA (b)(6), (b)(7)(C), (k)(2)

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

REPLACES WD AGO FORM 341, 1 JUN 50, WHICH MAY BE USED

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# AGENT REPORT

(AR 341-150; FM 30-17)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
Major, 083771  
DFOB: 5 April 1937, New York, New York

2. DATE SUBMITTED

17 April 1967

3. CONTROL SYMBOL OR FILE NUMBER

7100-1-195 (01 01 16 07

SSN: DCSA (b)(6), (b)(7)(C), (k)(2)

4. REPORT OF FINDINGS

(CREDIT AGENCY) On 17 April 1967, the records of the Credit Bureau of Fitchburg, Leominster and Clinton, Incorporated, 42 Main Street, Leominster, Massachusetts 01453, were examined telephonically by Margaret Horrigan, clerk, concerning SUBJECT and revealed:

XNo record concerning SUBJECT.

No derogatory information concerning SUBJECT.

AGENT'S NOTES: The Credit Bureau of Fitchburg, Leominster, and Clinton, Incorporated, is affiliated with other Credit Bureaus and as a matter of convenience, handles Credit Agency Checks for the Fort Devens Field Office in its area of jurisdiction.

**DCSA: Best Copy Available**

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2) 108th MI Group

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

REPLACES WD AGO FORM 341, 1 JAN 47, WHICH MAY BE USED.



DOD NAC CENTER

US ARMY REQUEST FOR NATIONAL AGENCY CHECK

(AR 381-130)

DATE OF REQUEST

5 APR 67

2. CONTROL OFFICE:

DOD NAC CENTER

3. LAST NAME - FIRST NAME - MIDDLE NAME - ALIASES - NICKNAMES - CH. NO.

POWELL COLIN LUTHER

SPECIAL

4. SECURITY TAG

DCSA (b)(6), (b)(7)(C), (k)(2)

5. DAY, MONTH, YEAR OF BIRTH

5 April 1947

6. PLACE OF BIRTH

New York City, New York

7. SERVICE NUMBER

083771

8. RELATIVE'S NAMES

9. DATE AND PLACE OF BIRTH

10. PRESENT ADDRESS

11. CITIZENSHIP

a. FATHER  
DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

U S

b. MOTHER (maiden name)

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

U S

c. SPOUSE (maiden name)

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

U S

12. RESIDENCES (List all from 16th birthday or during last 15 years, whichever is shorter)

a. FROM

b. TO

c. NUMBER AND STREET

d. CITY

e. STATE

Oct 42

Oct 56

952 Kelly Street

New York City, NY

New York

Oct 56

Jun 58

183-68 Elmira Avenue

New York City, NY

New York

Jun 58

Jan 59

US Army Infantry School

Fort Benning, GA

Georgia

Jan 59

Dec 60

Combat Command B, 3d Inf Bde (on post)

Fort Devens, MA

Mass

Jan 61

Aug 62

2d Inf Bde (on post)

Fort Devens, MA

Mass

(see continuation sheet)

13. EMPLOYMENT (List all from 16th birthday or during last 15 years, whichever is shorter)

a. FROM

b. TO

c. EMPLOYER

d. PLACE

Jun 1955

Jul 1955

Modern Kitchen Cabinets

125 E., 129th St, NYC, NY

Jul 1955

Aug 1955

Coca-Cola Bottling Co

34th St &amp; 1st Ave, NYC, NY

Aug 1955

Sep 1955

Metropolitan Bottling Co (Henry

46-02 5th St, LIC, NY

Nov 1955

Dec 1955

Jacob Sickser

Lang)

998 Westchester Ave, Bronx

(see continuation sheet)

14. LAST CIVILIAN SCHOOL

a. FROM

b. TO

c. NAME

d. PLACE

Feb 1954

Jun 1958

City College of New York

New York, New York

YES

NO

15. ITEM ("Yes" answers are expanded in Remarks)

X

X

a. IS THE SUBJECT AN ALIEN OR A NATURALIZED CITIZEN OF THE UNITED STATES?

X

X

b. ANY FOREIGN CONNECTIONS OR INTERESTS?

X

X

c. ANY FOREIGN TRAVEL OTHER THAN FOR TOURISM?

X

X

d. EMPLOYMENT BY A FIRM HAVING A CLASSIFIED CONTRACT?

X

X

e. FORMER GOVERNMENT EMPLOYMENT OR MILITARY SERVICE?

X

X

f. ANY OTHER INFORMATION OF DO FORM 988 OR DD FORM 987?

X

X

g. ANY ARREST OR COURT RECORD?

7100-5195

INVESTIGATION CONDUCTED TO DATE

16. REMARKS (If additional space is needed, continue on plain paper)

DCSA: Best Copy Available

17. CONTROL OFFICE USE

18. FROM:

USASD, ACSI, LII OFFICE  
FT. HOLABIRD, MD. ATTN: 3019

19. THRU:

APR 11 1967  
256

NAC COMPLETED

date 07 MAY 1967

FOR THE DIRECTOR:

E. Kell

FINGERPRINT CARD FD 258 MUST BE ATTACHED

DA FORM 3027

REPLACES DA FORM 340, 1 DEC 58; WHICH IS OBSOLETE

1



11. HUSBAND, MARRIED

12. US ARMY RECORDS NATIONAL AGENCY

13. DATE OF REQUEST

14. SOCIAL SECURITY NO.

15. DATE OF BIRTH

16. PLACE OF BIRTH

17. RELATIVE'S NAME

18. DATE AND PLACE OF BIRTH

19. FATHER

20. MOTHER (maiden name)

21. SPOUSE (maiden name)

22. RESIDENCE (US or from 16th birthday or during last 10 years, whichever is shorter)

23. CITY

24. STATE

25. ZIP CODE

26. EMPLOYER

27. DATE OF EMPLOYMENT

28. DATE OF TERMINATION

29. DATE OF DEATH

30. DATE OF BURIAL

31. DATE OF CREMATION

32. DATE OF INTERMENT

33. DATE OF REINTERMENT

34. DATE OF REINTERMENT

35. DATE OF REINTERMENT

36. DATE OF REINTERMENT

37. DATE OF REINTERMENT

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64. DATE OF REINTERMENT

65. DATE OF REINTERMENT

66. DATE OF REINTERMENT

67. DATE OF REINTERMENT

68. DATE OF REINTERMENT

DCSA: Best Copy Available

Agency checked per your request  
APR 24 1967  
For the Director  
B. J. L. S.

REQUEST COPY OF RESULTS OF ANY

INVESTIGATION CONDUCTED TO DATE

1. AUTHORITY (US or foreign law, regulation, or executive order)

2. EMPLOYER

3. DATE OF EMPLOYMENT

4. DATE OF TERMINATION

5. DATE OF DEATH

6. DATE OF BURIAL

7. DATE OF CREMATION

8. DATE OF INTERMENT

9. DATE OF REINTERMENT

10. DATE OF REINTERMENT

11. DATE OF REINTERMENT

12. DATE OF REINTERMENT

13. DATE OF REINTERMENT

14. DATE OF REINTERMENT

15. DATE OF REINTERMENT

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33. DATE OF REINTERMENT

34. DATE OF REINTERMENT

35. DATE OF REINTERMENT

36. DATE OF REINTERMENT

37. DATE OF REINTERMENT

38. DATE OF REINTERMENT

39. DATE OF REINTERMENT

G1 01 46 07

Request verification of US citizenship

RESULTS OF MASTER INDEX CHECK:

a. No Record b. Unable to identify

c. Location of File d. Alien Registration No.

e. Other information: DOB - 24 March 1897

NOTHING DEROGATORY  
CITIZENSHIP VERIFIED

INS/FATHER

1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2930, 2931, 2932, 2933, 2934, 2935, 2936, 2937, 2938, 2939, 2940, 2941, 2942, 2943, 2944, 2945, 2946, 2947, 2948, 2949, 2950, 2951, 2952, 2953, 2954, 2955, 2956, 2957, 2958, 2959, 2960, 2961, 2962, 2963, 2964, 2965, 2966, 2967, 2968, 2969, 2970, 2971, 2972, 2973, 2974, 2975, 2976, 2977, 2978, 2979, 2980, 2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 2989, 2990, 2991, 2992, 2993, 2994, 2995, 2996, 2997, 2998, 2999, 3000, 3001, 3002, 3003, 3004, 3005, 3006, 3007, 3008, 3009, 3010, 3011, 3012, 3013, 3014, 3015, 3016, 3017, 3018, 3019, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3031, 3032, 3033, 3034, 3035, 3036, 3037, 3038, 3039, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3047, 3048, 3049, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3058, 3059, 3060, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3069, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3077, 3078, 3079, 3080, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3090, 3091, 3092, 3093, 3094, 3095, 3096, 3097, 3098, 3099, 3100, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109, 3110, 3111, 3112, 3113, 3114, 3115, 3116, 3117, 3118, 3119, 3120, 3121, 3122, 3123, 3124, 3125, 3126, 3127, 3128, 3129, 3130, 3131, 3132, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3140, 3141, 3142, 3143, 3144, 3145, 3146, 3147, 3148, 3149, 3150, 3151, 3152, 3153, 3154, 3155, 3156, 3157, 3158, 3159, 3160, 3161, 3162, 3163, 3164, 3165, 3166, 3167, 3168, 3169, 3170, 3171, 3172, 3173, 3174, 3175, 3176, 3177, 3178, 3179, 3180, 3181, 3182, 3183, 3184, 3185, 3186, 3187, 3188, 3189, 319



**DCSA: Best Copy Available**

TO: COMMISSIONER  
U.S. I & N Service  
117 "D" Street, NE  
Washington, D. C. 20526

ATTN: Information Section

Please furnish any derogatory information that may be contained in your records concerning the person whose personalia is provided on the reverse of this form or on the attached form.

TO BE COMPLETED BY I & N SERVICE

(Check appropriate block(s))

1. Results of Master Index Check

- ☐ a. No Record ☐ b. Unable to identify  
☐ c. Record found on basis of information provided  
Location of file \_\_\_\_\_ Date \_\_\_\_\_  
Circle name under which found if other than that provided  
If other information is different or missing, write in block 2.

2. Remarks (Identify information by item number)

3. Results of File Review

- ☐ a. File shown does not relate  
☐ b. File shown relates and contains no derogatory information  
☐ c. File relates and following derogatory information was found:  
☐ (1) Subject has been arrested  
☐ (2) Subject has been deported/deportation proceedings pending  
☐ (3) Subject has been expatriated  
☐ (4) Person was subject of following type investigation:  
☐ (a) Criminal ☐ (b) Immoral ☐ (c) Narcotic  
☐ (d) Subversive ☐ (e) Other  
☐ (5) Person was subject of "Third Agency" report  
Agency \_\_\_\_\_ Date of Report \_\_\_\_\_

(If identifying information differs from that contained in our records or is missing, write it in the block provided or in block 2.)

RETURN TO:

DEPARTMENT OF DEFENSE  
National Agency Check Center  
P. O. Box 4  
Fort Holabird, Maryland 21219

NAC FL 09  
(1 Jun 67)

28 JUN 1967 11 47 AM '67



**DCSA: Best Copy Available**

**3079 A-1** **5E-NAC**

**DOD NAC CENTER**  
**FI Holabird, MD.** **US ARMY REQUEST FOR NATIONAL AGENCY CHECK** **DATE OF REQUEST: 5 APR 67**

**2. CONTROL OFFICE:** **DOD NAC CENTER**

**3. LAST NAME - FIRST NAME - MIDDLE NAME - ALIASES - OTHER NAMES - CH**  
**POWELL COLIN LUTHER**

**4. DAY - MONTH - YEAR OF BIRTH** **5. PLACE OF BIRTH** **6. SERVICE NUMBER**  
**5 April 1937** **New York City, New York** **083771**

**7. SERVICE NUMBER** **083771**

**8. RELATIVE'S NAMES** **9. DATE AND PLACE OF BIRTH** **10. PRESENT ADDRESS** **11. CITIZENSHIP**

**a. FATHER** **DCSA (b)(6), (b)(7)(C), (k)(2)** **DCSA (b)(6), (b)(7)(C), (k)(2)** **U S**

**b. MOTHER (maiden name)** **DCSA (b)(6), (b)(7)(C), (k)(2)** **DCSA (b)(6), (b)(7)(C), (k)(2)** **U S**

**c. SPOUSE (maiden name)** **DCSA (b)(6), (b)(7)(C), (k)(2)** **DCSA (b)(6), (b)(7)(C), (k)(2)** **U S**

**12. RESIDENCES (list all from 16th birthday or during last 15 years, whichever is shorter)**

| a. FROM | b. TO  | c. NUMBER AND STREET              | d. CITY       | e. STATE |
|---------|--------|-----------------------------------|---------------|----------|
| Oct 42  | Oct 55 | 952 Kelly Street                  | New York City | New York |
| Oct 55  | Jun 58 | 183-68 Elmira Avenue              | New York City | New York |
| Jun 58  | Jan 59 | US Army Infantry School           | Ft Benning    | Georgia  |
| Jan 59  | Dec 60 | Combat Command B, 3d AD (on post) | Gelnhausen    | Germany  |
| Jan 61  | Aug 62 | 2d Inf Bde (on post)              | Ft Devens     | Mass     |

(see continuation sheet)

**13. EMPLOYMENT (list all from 16th birthday or during last 15 years, whichever is shorter)**

| a. FROM  | b. TO    | c. EMPLOYER                     | d. PLACE                           |
|----------|----------|---------------------------------|------------------------------------|
| Jun 1955 | Jul 1955 | Modern Kitchen Cabinets         | 125 E., 129th St, NYC, NY          |
| Jul 1955 | Aug 1955 | Coca-Cola Bottling Co           | 34th St & 1st Ave, NYC, NY         |
| Aug 1955 | Sep 1955 | Metropolitan Bottling Co (Henry | 46-02 5th St, LIC, NY              |
| Nov 1955 | Dec 1955 | Jacob Sisker Lang)              | 413 E. 1st Ave, Bronx NY, New York |

(see continuation sheet)

**14. LAST CIVILIAN SCHOOL**

| a. FROM  | b. TO    | c. NAME                  | d. PLACE           |
|----------|----------|--------------------------|--------------------|
| Feb 1954 | Jun 1955 | City College of New York | New York, New York |

**15. YES (Yes) answers are expanded in Remarks:**

| YES | NO | 15. YES (Yes) answers are expanded in Remarks:                                          |
|-----|----|-----------------------------------------------------------------------------------------|
|     | X  | a. IS THE SUBJECT AN ALIEN OR A NATURALIZED CITIZEN OF THE UNITED STATES?               |
|     | X  | b. ANY OTHER CONNECTIONS, INTERESTS, EMPLOYMENT OR MILITARY SERVICE?                    |
| X   |    | c. ANY OTHER THAN FOR THE UNITED STATES GOVERNMENT?                                     |
|     | X  | d. EMPLOYMENT OR INTERESTS IN A CLASSIFIED US GOVERNMENT REQUEST COPY OF RESULTS OF ANY |
|     | X  | e. FORMER OR CURRENT MEMBER OF MILITARY SERVICE?                                        |
|     | X  | f. ANY OTHER INFORMATION OF DOUBT AS TO CREDIBILITY?                                    |
|     | X  | g. ANY OTHER INFORMATION OF DOUBT AS TO CREDIBILITY?                                    |

INVESTIGATION CONDUCTED TO DATE 7/100-5195

**16. REMARKS (If additional space is needed, continue on 2nd page)**

**17. CONTROL OFFICE USE**

**U S ARMY SERVICE VERIFIED**  
**No Derogatory Information**  
**contained in the files**  
**of the Adjutant General's**  
**Office (TAGO)**

**18. FROM:** **UNITED STATES ARMY OFFICE**  
**FT. HOLABIRD, MD. ATTN: 3079**

**19. THRU:**

**ADJ 11 APR 67**

**DA FORM 3027**

**REPLACES DA FORM 340, 1 DEC 58, WHICH IS OBSOLETE.**



# DCSA: Best Copy Available

## Continuation of Item #12. (Residences)

| <u>Month and Year</u><br><u>From</u> | <u>To</u> | <u>Number and Street</u>             | <u>Place</u>             |
|--------------------------------------|-----------|--------------------------------------|--------------------------|
| Aug 62                               | Sep 62    | 372. Marboro Street                  | Boston, Massachusetts    |
| Sep 62                               | Nov 62    | USA JFK CEN (on post)                | ft Bragg, North Carolina |
| Nov 62                               | Dec 62    | Rte 6, Box 391                       | Birmingham, Alabama      |
| Dec 62                               | Dec 63    | MAAG (on post)                       | Quang Tri, Vietnam       |
| Jan 64                               | Jun 64    | 805 28th Ave                         | Phenix City, Alabama     |
| Jun 64                               | --        | US Army Infantry School<br>(on post) | Ft Benning, Georgia      |

## Continuation of Item #13 (Employment)

| <u>Month and Year</u><br><u>From</u> | <u>To</u> | <u>Employer</u>                        | <u>Place</u>                                  |
|--------------------------------------|-----------|----------------------------------------|-----------------------------------------------|
| Jun 1955                             | Jul 1956  | Coca-Cola Bottling Co                  | 34th St & 1st Ave, NYC, NY                    |
| Jul 1956                             | Sep 1956  | Metropolitan Bottling Co<br>Henry Lang | 44-01 34th Ave, Long Island<br>City, N.Y.     |
| Nov 1956                             | Dec 1956  | Jacob Sickser                          | 998 Westchester Avenue,<br>Bronx 59, New York |
| Nov 1957                             | Dec 1957  | Jacob Sickser                          | 998 Westchester Avenue,<br>Bronx 59, New York |
| Jun 1958                             | present.  | United States Army                     |                                               |

U S ARMY SERVICE VERIFIED



DCSA: Best Copy Available

STATEMENT OF PERSONAL  
HISTORY

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| 1. (Print) FIRST NAME MIDDLE NAME MAIDEN NAME (If any)--LAST NAME<br><b>COLIN LUTHER POWELL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 2. STATUS<br>CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY <input checked="" type="checkbox"/>         |  |
| 3. ALIAS(S), NICKNAME(S) OR CHANGES IN NAME (Other than by marriage)<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4. PERMANENT MAILING ADDRESS<br><b>183-68 Elmira Ave, Hollis, NY 11412</b>                                         |  |
| 5. DATE OF BIRTH (Day, month, year)<br><b>5 April 1937</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 6. PLACE OF BIRTH (City, County, State, and Country)<br><b>NYC, NY, NY, U S A</b>                                  |  |
| 7. WEIGHT<br><b>190 lbs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 8. PLACE CERTIFICATE RECORDED<br><b>NYC</b>                                                                        |  |
| 9. COLOR OF EYES<br><b>Brown</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 10. COLOR OF HAIR<br><b>Brown</b>                                                                                  |  |
| 11. SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS<br><b>scar on left forearm</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                    |  |
| 12. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS YES, EXPLAIN IN ITEM 20. |  |                                                                                                                    |  |
| 13. U.S. CITIZENSHIP<br><input checked="" type="checkbox"/> NATIVE <input type="checkbox"/> IF NATURALIZED CERTIFICATE NO. <input type="checkbox"/> IF DERIVED, PARENTS' CERTIFICATE NO. (S) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |  | 14. DATE, PLACE, AND COURT                                                                                         |  |
| 15. ALIEN <input type="checkbox"/> REGISTRATION NO. <input type="checkbox"/> NATIVE COUNTRY <input type="checkbox"/> DATE AND PORT OF ENTRY <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                   |  | 16. DO YOU INTEND TO BECOME A U.S. CITIZEN?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 17. MILITARY SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                    |  |
| 18. ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING.                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                    |  |
| GRADE AND SERVICE NO.<br><b>RAJ (04) 083771</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | ORGANIZATION AND STATION<br><b>USAIS, Ft Benning, Georgia</b>                                                      |  |
| SERVICE AND COMPONENT<br><b>Army RA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | DATE CURRENT ACTIVE SERVICE STARTED<br><b>30 June 1958</b>                                                         |  |
| 19. ARE YOU PRESENTLY A MEMBER OF A U.S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING.                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                    |  |
| GRADE AND SERVICE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ORGANIZATION AND STATION OR UNIT AND LOCATION                                                                      |  |
| 20. HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY DRAWING FULL PAY FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING.                                                                                                                                                                                                                                                                                    |  |                                                                                                                    |  |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.                                                              |  |
| 21. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                    |  |
| MONTH AND YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | NAME AND LOCATION OF SCHOOL                                                                                        |  |
| FROM TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | GRADUATE YES NO DEGREE                                                                                             |  |
| Sep 50 Feb 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Morris H. S. Bronx, N.Y. X Diploma                                                                                 |  |
| Feb 54 Jun 58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | City College of New York, New York X B.S.                                                                          |  |
| 22. FAMILY (List in order given: parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouses) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U.S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)                                                            |  |                                                                                                                    |  |
| RELATION AND NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DATE AND PLACE OF BIRTH                                                                                            |  |
| FATHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| MOTHER (Maiden name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| SPOUSE (Maiden name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| OTHER (Specify) Father-in-law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| Mother-in-law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| Son                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| Daughter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| Sister                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                     |  |

DD FORM 398

REPLACES EDITION OF 1 MAY 53, WHICH MAY BE USED.

Exception to Standard Form 86  
Approved by Bureau of the Budget July 1963



| 11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers, and sisters-in-law, and other persons with whom a close relationship existed or exists) |     |             |                                |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|--------------------------------|-------------|
| RELATIONSHIP AND NAME                                                                                                                                                                                                 | AGE | OCCUPATION  | ADDRESS                        | CITIZENSHIP |
| Aunt - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                 | 52  | Dressmaker  | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                           | 31  | Teacher     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                           | 26  | Housewife   | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| Uncle - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                | 55  | Businessman | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| Aunt - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                 | 50  | Teacher     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (Continuation - see Item #20)                                                                                                                                                                                         |     |             |                                |             |

| 12. FOREIGN TRAVEL (Other than as a direct result of United States military duties) |        |                 |                   |
|-------------------------------------------------------------------------------------|--------|-----------------|-------------------|
| DATES                                                                               |        | COUNTRY VISITED | PURPOSE OF TRAVEL |
| FROM                                                                                | TO     |                 |                   |
| Mar 60                                                                              | Mar 60 | Austria         | Visit (3 days)    |
| UNK 60                                                                              | UNK 60 | Luxembourg      | Visit (2 days)    |
| Jul 61                                                                              | Aug 61 | Jamaica, WI     | Visit (2 weeks)   |
| Sep 63                                                                              | Sep 63 | Hong Kong       | R & R (4 days)    |

| 13. EMPLOYMENT (Show every employment you have had and all periods of unemployment) |          |                                                                    |                              |                    |
|-------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------|------------------------------|--------------------|
| MONTH AND YEAR                                                                      |          | NAME AND ADDRESS OF EMPLOYER                                       | NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |
| FROM                                                                                | TO       |                                                                    |                              |                    |
| Jun 1955                                                                            | Jul 1955 | Modern Kitchen Cabinets<br>125 E. 129th St. NYC, N.Y.              | Unknown                      | better job         |
| Jul 1955                                                                            | Aug 1955 | Coca-Cola Bottling Co, 34th St &<br>1st Ave, New York City, N.Y.   | Unknown                      | better job         |
| Aug 1955                                                                            | Sep 1955 | Metropolitan Bottling Co, 46-02<br>5th St., Long Island City, N.Y. | Henry Lang                   | Returned to School |
| Sep 1955                                                                            | Nov 1955 | Unemployed (student)                                               | N/A                          | N/A                |
| Nov 1955                                                                            | Dec 1955 | Jacob Slickser, 998 Westchester<br>Avenue Bronx 59, New York       | Jacob Slickser               | Returned to School |
| Dec 1955                                                                            | Jan 1956 | Unemployed (student)                                               | N/A                          | N/A                |
| Jan 1956                                                                            | Jul 1956 | Coca-Cola Bottling Co, 34th St &<br>1st Ave, N.Y.C., N.Y.          | Unknown                      | better job         |
| Jul 1956                                                                            | Sep 1956 | Metropolitan Bottling Co, 46-02<br>5th St., Long Island City, N.Y. | Henry Lang                   | Returned to School |
| Sep 1956                                                                            | Nov 1956 | Unemployed (student)                                               | N/A                          | N/A                |
| (Continuation - see Item #20)                                                       |          |                                                                    |                              |                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|
| DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DO YOU HAVE<br>ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN<br>GOVERNMENT, FIRM, OR AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HAVE YOU EVER BEEN REFUSED BOND? <input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20 |  | SOCIAL SECURITY NO.<br>DCSA (b)(6), (b)(7)(C), (k)(2) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|

| 14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories) |                                           |                |                                                   |                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------|---------------------------------------------------|----------------|-----------------------|
|                                                                                                                                                  | NAME<br>(Last 3 credits and 5 characters) | YEARS<br>KNOWN | STREET AND NUMBER<br>(Business address preferred) | CITY           | STATE OR<br>TERRITORY |
| CREDIT<br>CHARACTER                                                                                                                              | DCSA (b)(6), (b)(7)(C), (k)(2)            | 5              | N/A                                               | Highland Falls | NY                    |
|                                                                                                                                                  | American Oil Co.                          | 5              | DCSA (b)(6), (b)(7)(C), (k)(2)                    | Chicago        | Illinois              |
|                                                                                                                                                  | DCSA (b)(6), (b)(7)(C), (k)(2)            | 5              | DCSA (b)(6), (b)(7)(C), (k)(2)                    | Atlanta        | Georgia               |
|                                                                                                                                                  | DCSA (b)(6), (b)(7)(C), (k)(2)            | 12             | DCSA (b)(6), (b)(7)(C), (k)(2)                    | Lynbrook, LI   | NY                    |
|                                                                                                                                                  | DCSA (b)(6), (b)(7)(C), (k)(2)            | 8              | DCSA (b)(6), (b)(7)(C), (k)(2)                    | Boston         | MASS                  |
|                                                                                                                                                  | DCSA (b)(6), (b)(7)(C), (k)(2)            | 6              | DCSA (b)(6), (b)(7)(C), (k)(2)                    | Alexandria     | VA                    |
|                                                                                                                                                  | DCSA (b)(6), (b)(7)(C), (k)(2)            | 6              | DCSA (b)(6), (b)(7)(C), (k)(2)                    | Fairfax        | VA                    |
|                                                                                                                                                  | DCSA (b)(6), (b)(7)(C), (k)(2)            | 8              | DCSA (b)(6), (b)(7)(C), (k)(2)                    | Chelmsford     | MASS                  |

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| LIST ALL RESIDENCES FROM 1 JANUARY 1927 |         |                                   |              |                  |
|-----------------------------------------|---------|-----------------------------------|--------------|------------------|
| MONTH AND YEAR                          |         | STREET AND NUMBER                 | CITY         | STATE OR COUNTRY |
| FROM                                    | TO      |                                   |              |                  |
| Oct. 42                                 | Oct. 56 | 952 Kelly Street                  | NY           | NY               |
| Oct. 56                                 | Jun. 58 | 183-68 Elmore Avenue              | NY           | NY               |
| Jun. 58                                 | Jan. 59 | US Army Infantry School           | Ft Benning   | Georgia          |
| Jan. 59                                 | Dec. 60 | Combat Command B, 3d AD (on post) | Colnhausen   | Germany          |
| Jan. 61                                 | Aug. 62 | 2d Inf Bde (on post)              | Ft Davenc    | Mass             |
| Aug. 62                                 | Sep. 62 | 372 Marlboro Street               | Boston       | Mass             |
| Sep. 62                                 | Nov. 62 | USA JFK CFM (on post)             | Ft Bragg     | Nc               |
| Nov. 62                                 | Dec. 62 | Rte 5, Box 391                    | Birmingham   | Alabama          |
| Dec. 62                                 | Dec. 63 | NAAG (on post)                    | Quang Tri    | Viet             |
| Jan. 64                                 | Jun. 64 | 805 28th Avenue                   | Phoenix City | Alabama          |
| Jun. 64                                 | --      | US Army Infantry School (on post) | Fort Benning | Georgia          |

| PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS          |                                                 |             |            |         |
|----------------------------------------------------------|-------------------------------------------------|-------------|------------|---------|
| NAME AND ADDRESS                                         | TYPE<br>(Social, fraternal, professional, etc.) | OFFICE HELD | MEMBERSHIP |         |
|                                                          |                                                 |             | FROM       | TO      |
| Perishing Rifles, City College of New York               | Social fraternal                                | president   | 1955       | present |
| Assn of the US Army House Plan, City College of New York | Professional                                    | none        | 1960       | present |
|                                                          | Social                                          | president   | 1954       | 1955    |

17.

| YES | NO                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <input checked="" type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?                                                                                                                                                                                                                                                                                                                                                                 |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?                                                                                                                                                                                                                                                                                                                                                                                                               |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?                                                                                                                                                                                                                                                                                                                                    |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?                                                                                                                                                                                                                                                                      |
|     | <input checked="" type="checkbox"/> | HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL SOCIAL OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM, THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?                                        |

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. ☐ YES ☒ NO  
IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

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10. REMARKS

"DCSC 67 - 68"

Item #10 Cont'd. (Father) **DCSA (b)(6), (b)(7)(C), (k)(2)** Entered United States on 26 April 1920 at Philadelphia, Pa. Citizenship papers dated 1 December 1936 (#4100455). Executed oath on 3 January 1937, Southern District Courts of New York State. (Mother) **DCSA (b)(6), (b)(7)(C), (k)(2)** Entered United States on 10 April 1923 at New York City. Citizenship papers dated 10 Jun 1940 (#4100455). Southern District Court of New York State.

Item #11 Cont'd.

| RELATIONSHIP & NAME                                | AGE | OCCUPATION  | ADDRESS                               | CITIZENSHIP |
|----------------------------------------------------|-----|-------------|---------------------------------------|-------------|
| 1st Cousin - <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | 19  | Student     | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | Jamaican    |
| 1st Cousin - <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | 16  | Student     | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | Jamaican    |
| Aunt - <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b>       | 46  | Housewife   | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | Jamaican    |
| Uncle - <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b>      | 50  | Farmer      | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | Jamaican    |
| Aunt - <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b>       | 62  | Housewife   | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | Jamaican    |
| Aunt - <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b>       | 54  | Housewife   | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | Jamaican    |
| 1st Cousin - <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | 35  | Businessman | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | Jamaican    |

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE

SIGNATURE OF PERSON COMPLETING FORM

TYPED NAME AND ADDRESS OF WITNESS

**DCSA (b)(6), (b)(7)(C), (k)(2)**

USAIS, Ft. Belvoir

**DCSA (b)(6), (b)(7)(C), (k)(2)**

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THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES

| DATE OF CLEARANCE | TYPE OF CLEARANCE | AGENCY THAT COMPLETED INVESTIGATION |
|-------------------|-------------------|-------------------------------------|
|                   |                   |                                     |
|                   |                   |                                     |
|                   |                   |                                     |
|                   |                   |                                     |

REMARKS



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Continuation Sheet.

Item #20 continued.  
(item #11 cont'd)

| RELATIONSHIP & NAME                         | AGE | OCCUPATION    | ADDRESS                        | CITIZENSHIP |
|---------------------------------------------|-----|---------------|--------------------------------|-------------|
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 32  | Engineer      | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 26  | Trucker       | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 29  | Engineer      | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 36  | Civil Service | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 34  | Store Keeper  | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| Aunt - DCSA (b)(6), (b)(7)(C), (k)(2)       | 62  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 38  | Businessman   | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 35  | Nurse         | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 24  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| Uncle - DCSA (b)(6), (b)(7)(C), (k)(2)      | 60  | Bookkeeper    | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| Uncle - DCSA (b)(6), (b)(7)(C), (k)(2)      | 58  | Store Manager | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| Aunt - DCSA (b)(6), (b)(7)(C), (k)(2)       | 55  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 33  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 31  | Stenographer  | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 28  | Clerk         | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 26  | Clerk         | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2) | 24  | Clerk         | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |



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Continuation Sheet.

Item #20 continued.  
(item #13 cont'd.)

| <u>FROM</u> | <u>TO</u> | <u>NAME &amp; ADDRESS OF EMPLOYER</u>                        | <u>NAME OF<br/>IMMEDIATE SUPERVISOR</u> | <u>REASON FOR<br/>LEAVING</u> |
|-------------|-----------|--------------------------------------------------------------|-----------------------------------------|-------------------------------|
| Nov 1956    | Dec 1956  | DCSA (b)(6), (b)(7)(C), (k)(2)<br>Avenue, Bronx 59, New York | DCSA (b)(6), (b)(7)(C), (k)(2)          | Returned to<br>School         |
| Dec 1956    | Nov 1957  | Unemployed (student)                                         | N/A                                     | N/A                           |
| Nov 1957    | Dec 1957  | DCSA (b)(6), (b)(7)(C), (k)(2)<br>Avenue, Bronx 59, New York | DCSA (b)(6), (b)(7)(C), (k)(2)          | Returned to<br>School         |
| Dec 1957    | Jun 1958  | Unemployed (student)                                         | N/A                                     | N/A                           |
| Jun 1958    | present   | United States Army                                           | N/A                                     | N/A                           |



HEADQUARTERS  
100TH INFANTRY DIVISION  
POST OFFICE BOX 56, COOPER STATION  
NEW YORK, NEW YORK

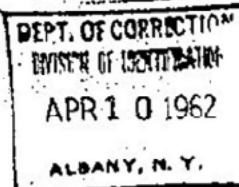
RMB/pb.

SUBJECT:  
FILE NO: 1014607, B I.4.

DATE: 9 April 1962

REQUEST FOR INFORMATION

NEW YORK STATE DEPARTMENT OF CORRECTION  
DIVISION OF CRIMINAL IDENTIFICATION  
TO: 43-45 Columbia Street  
Albany, New York



The Assistant Chief of Staff, G-2, Headquarters First United States Army, requests information from your files or any source available to you concerning the SUBJECT named and described below:

NAME: (Last, First, Middle)

POWELL, Colin Luther. P-400

DESCRIPTION: SEX COLOR HEIGHT WEIGHT EYES HAIR  
Male. Negroid. 73" 170 brown. brown.

DATE AND PLACE OF BIRTH:

5 April 1937, NY, NY.

PRESSENT ADDRESS: (56-pres).

183-68 Elmira Avenue, St. Albans, NY.

FORMER ADDRESSES:

42-56, 952 Kelly St, Bronx, NY.

39-42, 980 Fox St, Bronx, NY.

EMPLOYMENT: (Present or last)

222-39, 20 Morningside Ave, NY, NY.

52-pres, Jacob Sickser, 998 Westchester Avenue, Bronx, NY.

SSN: DCSA (b)(6), (b)(7)(C), (k)(2)

FATHER: DCSA (b)(6), (b)(7)(C), (k)(2)

MOTHER: [REDACTED]

SPOUSE:

DCSA (b)(6), (b)(7)(C), (k)(2)

SIGNATURE

DCSA (b)(6), (b)(7)(C), (k)(2)

Major. Al (inf)  
Region Commander

AGENCY REMARKS:

NO RECORD  
N. Y. S. DEPT. OF CORRECTION  
DIV. OF CRIMINAL IDENTIFICATION

108 FL 02  
29 JUN 60

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NEW YORK

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HEADQUARTERS  
108TH INTELLIGENCE CORPS GROUP  
POST OFFICE BOX 56, COOPER STATION  
NEW YORK 3, NEW YORK

ISS/PO.

SUBJECT:  
FILE NO: 01014607, N I.A.

DATE: 9 April 1962/

REQUEST FOR INFORMATION

TO: BOGSI, NYCPD..

The Assistant Chief of Staff, G-2, Headquarters First United States Army, requests information from your files or any source available to you concerning the SUBJECT named and described below:

NAME: (Last, First, Middle)

POWELL, Colin Luther.

DESCRIPTION: SEX COLOR HEIGHT WEIGHT EYES HAIR  
Male. Negroid. 73" 170 Brown. Brown.

DATE AND PLACE OF BIRTH:

5 April 1937, NY, NY.

PRESENT ADDRESS:

(56-pres).

183-68 Elmira Avenue, St. Albans, NY.

POWER ADDRESSES:

42-96, 952 Kelly St, Bronx, NY.

39-42, 980 Fox St, Bronx, NY.

EMPLOYMENT: (Present or Last)

228-37, 20 Burningside Ave, NY, NY.

52-pres, Jacob Sisker, 998 Westchester Avenue, Bronx, NY.

SSN: DCSA (b)(6), (b)(7)(C), (k)(2)

PARENTS Father: DCSA (b)(6), (b)(7)(C), (k)(2)  
Mother: [REDACTED]

SPOUSE:

DCSA (b)(6), (b)(7)(C), (k)(2)

SIGNATURE

MAJOR (A1-INT)  
Region Commander

AGENCY REMARKS:

NOTHING DEROGATORY BASED  
ON INFORMATION FURNISHED

APR 15 1962

106 FL 02  
29 JUN 60

~~BUFILE OF SPECIAL SERVICES - USE ONLY~~

NEW YORK



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**AGENT REPORT**  
(AR 341-131)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt, O 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

2. DATE SUBMITTED

20 July 1962

3. CONTROL SYMBOL OR FILE NUMBER

01 014 607

4. REPORT OF FINDINGS

(LOCAL AGENCIES) Records of the following agencies were caused to be examined concerning Colin Luther POWELL, on dates shown and the information indicated was received:

New York State Department of Correction, 10 April 1962      No Record  
Division of Criminal Identification,  
Albany, New York

Bureau of Special Services,      15 April 1962      No Derogatory  
Police Department, City of New York,      Information  
New York, New York

AGENT'S NOTES: The New York State Department of Correction, Division of Criminal Identification is central repository for all criminal records of law enforcement agencies of the State of New York. The Police Department, City of New York has jurisdiction over the areas of New York County (Manhattan), Kings County (Brooklyn), Richmond County (Staten Island), Queens and Bronx Counties, New York.

5. NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp.

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 52

REPLACES WD AGO FORM 101, 1 JUN 47, WHICH IS OBSOLETE

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**DCSA: Best Copy Available**

**AGENT REPORT**  
(AR 387-137)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt O 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

2. DATE SUBMITTED

12 April 1962

3. CONTROL SYMBOL OR FILE NUMBER

G1 014 607

4. REPORT OF FINDINGS

(BIRTH VERIFICATION) On 11 April 1962, [REDACTED] Chief Recorder, Clerk, Bureau of Vital Statistics, Manhattan Department of Health, 125 Worth Street, New York, New York, provided catalogs recording births in the Borough of Manhattan for the year 1937, which were checked concerning Colin Luther POWELL with the following results:

|                           |                     |
|---------------------------|---------------------|
| Name Recorded:            | Colin L. POWELL     |
| Date of Birth:            | 5 April 1937        |
| Place of Birth:           | Manhattan, New York |
| Birth Certificate Number: | 9257                |
| Catalog Page Number:      | 158                 |

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Sp

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 52

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**DCSA: Best Copy Available****AGENT REPORT**  
(AR 381-131)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
1/Lt O 83 771  
DOB: 5 April 1937  
POB: New York, Manhattan, New York

## 2. DATE SUBMITTED

19 July 1962

## 3. CONTROL SYMBOL OR FILE NUMBER

01 014 607

## 4. REPORT OF FINDINGS

(EDUCATION) On 19 July 1962, the academic record and personal file of Colin Luther POWELL were provided by Jean Simmons, Clerk, Registrar's Office, Day Session, City College of New York, 137th Street and Convent Avenue, New York, New York, and the following information was found to be recorded:

|                             |                                                                      |
|-----------------------------|----------------------------------------------------------------------|
| Name Recorded:              | Colin L. POWELL                                                      |
| Date of Birth:              | 5 April 1937                                                         |
| Place of Birth:             | New York, New York                                                   |
| Present Address:            | 183-68 Elmira Avenue, St. Albans, New York                           |
| Past Address:               | 952 Kelly Street, Bronx, New York                                    |
| Parent or Guardian:         | Luther Powell, father                                                |
| Dates of Attendance:        | February 1954 to June 1958                                           |
| Curriculum or Courses:      | Geology                                                              |
| Average Grades:             | C                                                                    |
| Graduate or Non-Graduate:   | Graduate                                                             |
| Honors, Awards, or Degrees: | B.S. 11 June 1958                                                    |
| Student Activities:         | ROIC, 2 February 1954 graduated, Morris High School, Bronx, New York |

## 5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2) 103th INTC Gp.

## 6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

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1 APR 52

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**DCSA: Best Copy Available****AGENT REPORT**  
(AR 311-131)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt O 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

## 2. DATE SUBMITTED

20 July 1962

## 3. CONTROL SYMBOL OR FILE NUMBER

G1 014 607

## 4. REPORT OF FINDINGS

(EDUCATION REFERENCE) On 19 July 1962, M/Sgt [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) RA 17102353, Assistant Sargent Major, Reserve Officers Training Corp, City College of New York, 137th Street and Convent Avenue, New York, New York, residing at 197 Broadway, Brentwood, Long Island, New York, was interviewed in his office and stated substantially as follows:

[REDACTED] has known Colin POWELL as a cadet since March 1956, with almost daily contact from March 1956 to June 1958. Source last saw SUBJECT at graduation in June 1958.

POWELL was a better than average student in class. HIS behavior and attendance were excellent. HE was courteous and well liked by HIS fellow cadets and students. Source almost considers HIM as the best cadet that ever passed through the command. HE was rated as a superior cadet. HE had leadership ability. HE is the type of person that leaves a lasting impression. HE was the Commander of the Pershing Rifles Trick Drill Team. HE graduated in June 1958 and received HIS degree. Nothing is known concerning HIS family or employment background.

POWELL appears emotional stable and is considered to be financially responsible. HE indulges in the use of alcoholic beverages to a moderate degree on social occasions. It is not known whether HE gambles or whether HE has been involved in any trouble with law enforcement agencies. Nothing is known which might reflect adversely on SUBJECT's character, morals, integrity or discretion. SUBJECT is considered to be a loyal American citizen. Source could not offer any additional information concerning SUBJECT's background or activities. [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)

[REDACTED] Reserve Officers Training Corp, City College of New York, may have knowledge of SUBJECT.

[REDACTED] recommends that Colin Luther POWELL be favorably recommended for a position of trust and responsibility with the United States Army.

## 5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

## 6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 52

REPLACES WD AGO FORM 341, 1 APR 52, WHICH IS OBSOLETE.

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**AGENT REPORT**  
(AR 381-131)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
1/Lt. 083 771  
DOB: 5 April 1937  
POB: New York, Manhattan, New York

2. DATE SUBMITTED

29 May 1962

3. CONTROL SYMBOL OR FILE NUMBER

G1014607

4. REPORT OF FINDINGS

(EMPLOYMENT) On 28 May 1962, employment records pertaining to Colin Luther POWELL, were consulted by DCSA (b)(6), (b)(7)(C), (k)(2) Secretary, Sickser Juvenile Furniture Incorporated, 998 Westchester Avenue, Bronx, New York, and the following information was found to be recorded:

|                         |                                                                                              |
|-------------------------|----------------------------------------------------------------------------------------------|
| Name Recorded:          | Colin POWELL                                                                                 |
| Date of Birth:          | 5 April 1937                                                                                 |
| Social Security Number: | DCSA (b)(6), (b)(7)(C), (k)(2)                                                               |
| Present Residence:      | 183-68 Elmira Avenue<br>Queens 12, New York                                                  |
| Past Residence:         | 952 Kelly Street<br>Bronx, New York                                                          |
| Dates of Employment:    | Worked months of November and December<br>and Summers from November 1952 to<br>December 1957 |
| Position:               | Part-time Clerk and Salesman                                                                 |
| Salary:                 | \$1.25 per hour                                                                              |
| Efficiency:             | Very Good                                                                                    |
| Reason for Leaving:     | Return to school                                                                             |
| Eligibility for Rehire: | Yes                                                                                          |

AGENT'S NOTES: No additional pertinent information concerning SUBJECT is available at this source.

5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

0835 INTC GP

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
APR 57

REPLACES WW AGO FORM 341, 1 JUN 47, WHICH MAY BE USED.

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**DCSA: Best Copy Available****AGENT REPORT**  
(AR 381-131)**1. NAME OF SUBJECT OR TITLE OF INCIDENT**

POWELL, Colin Luther

1/Lt 083 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

**2. DATE SUBMITTED**

29 May 1962

2. CONTINUE SYMBOL ON FILE NUMBER

C1014607

**3. REPORT OF FINDINGS**

(EMPLOYMENT-SUPERVISOR) On 28 May 1962, [REDACTED] President, Sickser's Juvenile Furniture Incorporated, 998 Westchester Avenue, Bronx, New York, residing at 2600 Henry Hudson Parkway, Bronx, New York, was interviewed at his place of work concerning his knowledge of Colin Luther POWELL and stated substantially as follows:

[REDACTED] knew Colin Luther POWELL as one of his part-time employees during the months of November and December and summer vacations from November 1952 to December 1957 seeing HIM daily during those periods. Source saw HIM once more for the last time during Christmas 1960 when HE visited the store.

SUBJECT was a capable and conscientious employee whose honesty and dependability were held in the highest regard. Source would give SUBJECT a job any time HE needed it. Source has no knowledge concerning HIS place of birth, other employment, foreign connections, memberships in any clubs, or marital status at present. SUBJECT resided at 952 Kelly Street, Bronx, New York, until about 1956 or 1957 when HE moved to Queens, Long Island, New York. HE is a high school graduate and Source believes HE attended college; however, Source does not know the names or locations of the school. HE is a quiet, friendly man. HE is honest, intelligent, loyal to the United States, discreet, of good character and reputation, financially responsible, and a supporter of the democratic principles of government as practiced in the United States. Source knows no one else who knows SUBJECT.

[REDACTED] recommends Colin Luther POWELL be favorably considered for a position of trust and responsibility with the United States Army.

**4. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT**

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp

**5. SIGNATURE OF SPECIAL AGENT**

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 57

REPLACES WD AGO FORM 101, 1 JAN 57, WHICH MAY BE USED

10-74110-2

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**DCSA: Best Copy Available****AGENT REPORT**

(AR 361-131)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt O 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

## 2. DATE SUBMITTED

12 July 1962

## 3. CONTROL SYMBOL OR FILE NUMBER

G1 014 607

## 4. REPORT OF FINDINGS

(EMPLOYMENT) On 10 July 1962, [REDACTED] Secretary, Personnel Department, Metropolitan Bottling Company, 46-02 5th Street, Long Island City, New York, provided employment records pertaining to Colin Luther POWELL which contained only the following information:

Name: POWELL, Colin  
Date of Birth: 5 April 1937  
Present Address: 183-68 Elmira Avenue  
Hollis, New York  
Past Address: 952 Kelly Street  
New York, New York  
Salary: \$30.20 weekly  
Social Security Number: [REDACTED]  
Position: Bottling Department  
Supervisor: Henry Lang  
Efficiency: Satisfactory  
Eligible for Rehire: Eligible  
Reason for Leaving: For School  
Dates of Employment: August 1955 to September 1955;  
June 1956 to July 1956;  
August 1956 to September 1956  
Educational Background: Public School 39, further details  
not recorded;  
Morris High School, further details  
not recorded;  
City College of New York, further  
details not recorded  
Previous Employments: Coca Cola Company  
405 34th Street  
New York, New York, July 1955 to  
July 1955;  
J. Sickser  
998 Westchester Avenue  
New York, New York, November 1952  
to January 1955

Source further stated that [REDACTED] SUBJECT'S former supervisor is now deceased and due to a large turnover of personnel at the plant and the length of time since HE was employed, there is no one who would remember SUBJECT.

## 5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp

## 6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47

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**DCSA: Best Copy Available AGENT REPORT**

(AR 381-131)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
2/Lt O 83 771  
DOB: 5 April 1937  
POB: New York, Manhattan, New York

## 2. DATE SUBMITTED

12 April 1962

## 3. CONTROL SYMBOL OR FILE NUMBER

01 014 607

## 4. REPORT OF FINDINGS

(EMPLOYMENT) On 12 April 1962, [REDACTED] Secretary, Metropolitan Bottling Company, 46-02 5th Street, Long Island City, New York, was contacted in regard to obtaining the employment records of the Metropolitan Bottling Company, 46-02 5th Street, Long Island City, New York, and the Haro Distributing Company, 46-02 5th Street, Long Island City, New York. Source provided a payroll record which contained only the following information:

|                         |                                                |
|-------------------------|------------------------------------------------|
| Name:                   | POWELL, Colin L.                               |
| Social Security Number: | [REDACTED]                                     |
| Present Address:        | 952 Kelly Street<br>New York 58, New York      |
| Dates of Employment:    | 13 August 1956 to 13 August 1956, one day only |
| Position:               | Helper                                         |

Source further stated she was unable to locate any other records pertaining to SUBJECT. It is probable that HE had been employed previously to 13 August 1956, but because the firm's record filing room and filing system is being renovated at this time, it will be impossible to locate any further records pertaining to SUBJECT for at least two months.

AGENT'S NOTES: The Metropolitan Bottling Company and the Haro Distributing Company are affiliated in business. The Metropolitan Bottling Company handles the records for both firms and pays the employees of both firms.

## 5. TYPE OF NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp

## 6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

1 APR 52

REPLACES WD AGO FORM 341, 1 JUL 42

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**DCSA: Best Copy Available****AGENT REPORT**

(AR 387-137)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
1/Lt D 83 771  
DOB: 5 April 1937  
POB: New York, Manhattan, New York

## 2. DATE SUBMITTED

10 April 1962

## 3. CONTROL SYMBOL OR FILE NUMBER

G1 014 607

## 4. REPORT OF FINDINGS

(EMPLOYMENT) On 10 April 1962, the employment records pertaining to Colin Luther POWELL were consulted by DCSA (b)(6), (b)(7)(C), (k)(2) Office Manager, Modern Cabinets Company, 125 East 129th Street, New York, New York, and the following information was found to be recorded:

|                         |                                     |
|-------------------------|-------------------------------------|
| Name Recorded:          | Colin Luther POWELL                 |
| Social Security Number: | DCSA (b)(6), (b)(7)(C), (k)(2)      |
| Present Residence:      | 952 Kelly Street<br>Bronx, New York |
| Dates of Employment:    | 21 June 1955 to 5 July 1955         |
| Position:               | Helper                              |
| Salary:                 | \$1.10 an hour                      |
| Promotions:             | None                                |

AGENT'S NOTES: No additional pertinent information concerning SUBJECT is available at this source. Interviews were not attempted because employment was less than 90 days.

## 5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2) 108th INTC Gp

## 6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

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REPLACES WD AGO FORM 341, 1 JUN 47

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**DCSA: Best Copy Available****AGENT REPORT**  
(AR 387-15D)**1. NAME OF SUBJECT OR TITLE OF INCIDENT**

POWELL, Colin Luther

1/Lt., O 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

**2. DATE SUBMITTED**

26 April 1962

**3. CONTROL SYMBOL OR FILE NUMBER**

01014607

**4. REPORT OF FINDINGS**

(EMPLOYMENT) On 25 April 1962, employment records pertaining to Colin Luther POWELL were consulted by DCSA (b)(6), (b)(7)(C), (k)(2) Supervisor, Personnel Division, Coca Cola Bottling Company, 34th Street and First Avenue, New York, New York, and the following information was found to be recorded:

Name Recorded:

Colin L. POWELL

Social Security Number:

DCSA (b)(6), (b)(7)(C), (k)(2)

Present Residence:

952 Kelly Street, Bronx, New York

Dates of Employment:

16 June-27 June 1955

Source stated that there is no further information concerning SUBJECT in the company's records.

Agents Note: No interviews were attempted because SUBJECT'S employment was less than 90 days and because of the length of time since SUBJECT'S employment.

**5. NAME AND ORGANIZATION OF SPECIAL AGENT**

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp

**6. SIGNATURE OF SPECIAL AGENT**

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 52

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**DCSA: Best Copy Available****AGENT REPORT**

(AR 381-131)

|                                                                                                                                              |                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. NAME OF SUBJECT OR TITLE OF INCIDENT<br>POWELL, Colin Luther<br>1/Lt, O 83 771<br>DOB: 5 April 1937<br>POB: New York, Manhattan, New York | 2. DATE SUBMITTED<br>12 April 1962<br>3. CONTROL SYMBOL OR FILE NUMBER<br>01 014 607 |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

## 4. REPORT OF FINDINGS

(EMPLOYMENT) On 11 April 1962, [REDACTED] Office Manager, Myer 1890 Beverages, Incorporated, 1 Nassau Avenue, Brooklyn, New York, consulted employments records pertaining to Colin Luther POWELL, which contained only the following information:

|                         |                                     |
|-------------------------|-------------------------------------|
| Name:                   | Colin L. POWELL                     |
| Social Security Number: | DCSA (b)(6), (b)(7)(C), (k)(2)      |
| Residence:              | 952 Kelly Street<br>Bronx, New York |
| Date Employed:          | 2 August 1956                       |
| Position Held:          | Temporary Helper on Truck           |
| Salary:                 | \$1.00 per hour                     |
| Reason for Leaving:     | Temporary Helper                    |
| Eligible for Rehire:    | Yes                                 |

DCSA (b)(6), (b)(7)(C), (k)(2) SPECIAL AGENT

108th INTC Gp

5. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341  
1 APR 52

REPLACES WD AGO FORM 341, 1 JUN 47

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**DCSA: Best Copy Available****AGENT REPORT**

(AR 381-131)

**1. NAME OF SUBJECT OR TITLE OF INCIDENT**

POWELL, Colin Luther  
1/Lt O 83 771  
DOB: 5 April 1937  
POB: New York, Manhattan, New York

**2. DATE SUBMITTED**

6 July 1962

**3. CONTROL SYMBOL OR FILE NUMBER**

G1011607

**4. REPORT OF FINDINGS**

DCSA (b)(6), (b)(7)(C), (k)(2)

(LISTED CHARACTER REFERENCE) On 5 July 1962, [REDACTED] Proprietor, Luncheonette, 93 Brookfield Street, White Plains, New York, who resides at DCSA (b)(6), (b)(7)(C), (k)(2) and who has known Colin Luther POWELL all of HIS life, was interviewed at her home, and stated substantially as follows:

Source is a very close friend of SUBJECT'S family and has known SUBJECT since HIS birth. Source has maintained a close association with SUBJECT, and up to the time that HE went into the United States Army, she saw HIM at least once a month. Source last saw SUBJECT at a New Year's Eve party in December 1961 at SUBJECT'S home.

Source and HIS family are highly regarded by Source as very fine people. SUBJECT has one sister, [REDACTED] who is married and lives in Buffalo, New York. SUBJECT is single and had lived at 952 Kelly Street, Bronx, New York, until HE joined the United States Army. SUBJECT attended public schools in the Bronx, New York, and then attended City College, New York, New York. Source is uncertain as to whether or not SUBJECT had graduated from City College. Source knows of no employment that SUBJECT may have had except for a summer job at the Coca-Cola Bottling Company, New York, New York. SUBJECT has several aunts and cousins living in Jamaica, West Indies, but HE is a natural born American citizen.

SUBJECT and HIS family enjoy a fine reputation and are regarded as very respectable and hard working people. SUBJECT is financially responsible and has very fine personal habits. HE is a very pleasant, mild mannered person. HE is not the type of person to go out very much and does not spend money foolishly. HE prefers to stay home and to read a good book. HE is always very pleasant and gets along very well with other people. Source knows nothing of HIS political sympathies nor of HIS organizational memberships, but believed HIM to be a loyal citizen of the United States. Source has no reason to question HIS honesty or integrity and has never heard of HIS ever being involved in any trouble with any law enforcement agency. DCSA (b)(6), (b)(7)(C), (k)(2) DCSA (b)(6), (b)(7)(C), (k)(2)

DCSA (b)(6), (b)(7)(C), (k)(2)

[REDACTED] have knowledge of SUBJECT.

[REDACTED] recommends that Colin Luther POWELL be considered favorably for assignment to a position of trust and responsibility with the United States Army establishment.

**5. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT**

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp

**6. SIGNATURE OF SPECIAL AGENT**

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

1 APR 52

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**DCSA: Best Copy Available****AGENT REPORT**

(AR 341-111)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt O 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

## 2. DATE SUBMITTED

10 April 1962

## 3. CONTROL SYMBOL OR FILE NUMBER

G1014607

## 4. REPORT OF FINDINGS

(LISTED CHARACTER REFERENCE) On 10 April 1962, [REDACTED] Owner of a Cleaning Establishment, 199 St. Nicholas Avenue, New York, New York, residing at [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) was interviewed at her establishment concerning Colin Luther POWELL, and the following information was obtained:

[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) has known SUBJECT as a friend of the family since HE was born. She has had daily contact with HIM until HE started college which was about 1955. Since this time she has had two or three occasions a year where she has had contact with HIM. She lost contact with HIM when HE was in Germany with the United States Army, which was about 1960. The last time she saw SUBJECT was about the beginning of last year, which was 1961.

SUBJECT'S family, HIS parents, and associates enjoy an excellent reputation. SUBJECT is single and resided at 116th Street and Morningside Avenue, New York, New York. HE attended local elementary schools and then graduated from City College, New York, New York. HIS employment background is not known.

SUBJECT appears emotionally stable and is considered to be financially responsible. It is not known if HE gambles or indulges in the use of intoxicants. HE has never been in trouble with law enforcement agencies. Nothing is known which might reflect adversely on HIS morals, integrity, character, or discretion. HIS political beliefs, foreign travel, and organizational affiliations are unknown. HE is believed to have relatives in West Indies, Jamaica. SUBJECT is considered to be a loyal American citizen. Source does not know anyone else who may have knowledge of HIM.

[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) recommends that Colin Luther POWELL be considered favorably for a position of trust and responsibility with the United States Army.

## 5. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp

## 6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

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(AR 381-131)

|                                                                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. NAME OF SUBJECT OR TITLE OF INCIDENT<br>POWELL, Colin Luther<br>1/Lt, O 83 771<br>DOB: 5 April 1937<br>POB: New York, Manhattan, New York | 2. DATE SUBMITTED<br>10 July 1962<br>3. CONTROL SYMBOL OR FILE NUMBER<br>61 014 607 |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

## 4. REPORT OF FINDINGS

(LISTED CHARACTER REFERENCE) On 9 July 1962, [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)  
Employee Benefits Counselor, Lily Cup Corporation, 117th Street and 15th  
Avenue, College Point, New York, who resides at [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)  
[REDACTED] was interviewed in his [REDACTED] concerning [REDACTED] Colin Luther POWELL, and  
stated substantially as follows:

[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) has known Colin Luther POWELL from 1939 to present, during  
which time they have had social contact about four times a week, with last  
contact in 1955.

POWELL is a graduate of the City College of New York, New York. HE  
is single, and resided with HIS parents at 952 Kelly Avenue, Bronx, New York.  
Nothing is known of HIS employment background.

SUBJECT appeared emotionally stable and is considered financially  
responsible. HE is not known to indulge in the use of alcoholic beverages,  
gamble or to have been involved in any trouble with law enforcement agencies.  
Nothing is known which might reflect adversely on HIS honesty, morals, character,  
integrity or discretion.

HE is not known to have any foreign travels or organizational affilia-  
tions. HE has relatives residing in the British West Indies. HE is considered  
to be a loyal American citizen. Source knows of no one else having knowledge  
of SUBJECT.

[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) recommends that Colin Luther POWELL be considered favorably  
for a position of trust and responsibility with the Army establishment.

|                                                                                                          |                                                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 5. NAME AND ORGANIZATION OF SPECIAL AGENT<br>[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)<br>108th INTC Gp. | 6. SIGNATURE OF SPECIAL AGENT<br>[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

DA FORM 341  
1 APR 62

REPLACES WD AGO FORM 34, 1 JAN 40, WHICH MAY BE USED

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**AGENT REPORT**  
(AR 381-131)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt 0 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

2. DATE SUBMITTED

16 April 1962

3. CONTROL SYMBOL OR FILE NUMBER

01014607

(LISTED CHARACTER REFERENCES) On 11 April 1962, an attempt was made to interview [DCSA (b)(6), (b)(7)(C), (k)(2)] concerning his knowledge of Colin Luther POWELL with the following results:

**DCSA (b)(6), (b)(7)(C), (k)(2)** stated that there is no [DCSA (b)(6), (b)(7)(C), (k)(2)] residing at this address. Source further stated that he does not know SUBJECT nor does he know anyone else who does.

AGENT'S NOTES: [DCSA (b)(6), (b)(7)(C), (k)(2)] appears to be a composite of American and Spanish names. [DCSA (b)(6), (b)(7)(C), (k)(2)] is generally a first name and [DCSA (b)(6), (b)(7)(C), (k)(2)] may be a nick-name applied to someone of Spanish extraction.

4. INITIALS AND SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp

5. SIGNATURE OF SPECIAL AGENT

**DCSA (b)(6), (b)(7)(C), (k)(2)**

DA FORM 341  
1 APR 52

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**DCSA: Best Copy Available****AGENT REPORT**

(AR 387-137)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
1/Lt, O 83 771  
DOB: 5 April 1937  
POB: New York, Manhattan, New York

2. DATE SUBMITTED

25 April 1962

3. CONTROL SYMBOL OR FILE NUMBER

G1 014 607

4. REPORT OF FINDINGS

(LISTED CHARACTER REFERENCE) On 24 April 1962, [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)  
Employee Benefits Counselor, Lily Tulip Cup Corporation, 117th Street and 15th  
Avenue, College Point, Long Island, New York, who resides at [REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)  
[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) was contacted telephonically to arrange for an interview  
regarding Colin Luther POWELL, with the following results:

[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2) stated that he often works late at his office and it would,  
therefore, be more convenient for him to be interviewed at his place of employ-  
ment, Lily Tulip Cup Corporation, 117th Street, and 15th Avenue, College Point,  
Long Island, New York.

5. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT

[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)  
108th INTC Gp.

6. SIGNATURE OF SPECIAL AGENT

[REDACTED] DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

1 APR 52 REPLACES WD AGO FORM 341, 1 JUN 47, WHICH MAY BE USED

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# AGENT REPORT

(AR 34-133)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt, 0183 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

## 2. DATE SUBMITTED

10 July 1962

## 3. CONTROL SYMBOL OR FILE NUMBER

NY 607

## 4. REPORT OF FINDINGS

(LISTED CHARACTER REFERENCE) On 9 July 1962, listed character reference DCSA (b)(6), (b)(7)(C), (k)(2) was interviewed in his office in an attempt to locate listed character reference DCSA (b)(6), (b)(7)(C), (k)(2) and stated substantially as follows:

DCSA (b)(6), (b)(7)(C), (k)(2) died of cancer on the 10th of June 1962 at Queens General Hospital, New York.

DCSA: Best Copy Available

## 5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Group

## 6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

REPLACES DA FORM 341, 1 APR 52, WHICH IS OBSOLETE. FOR OFFICIAL USE ONLY



# AGENT REPORT

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt. 0 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

2. DATE SUBMITTED

15 April 1962

3. CONTROL SYMBOL OR FILE NUMBER

01011607

4. REPORT OF FINDINGS

(TELEPHONE DIRECTORY CHECK) On 16 April 1962, a check of the telephone directories of the five Boroughs of New York City and the Counties of Westchester, Suffolk and Nassau, New York, was made for information of

DCSA (b)(6), (b)(7)(C), (k)(2)

with the following results:

Nothing was contained in any telephone directory pertaining to Source.

DCSA: Best Copy Available

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Gp

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

REPLACES WD AGO FORM 341, 1 JUN 1954

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# AGENT REPORT

(AR 581-137)

|                                                                                                                                             |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. NAME OF SUBJECT OR TITLE OF INCIDENT<br>POWELL, Colin Luther<br>1/Lt 0 83 771<br>DOB: 5 April 1937<br>POB: New York, Manhattan, New York | 2. DATE SUBMITTED<br>16 July 1962<br>3. CONTROL SYMBOL OR FILE NUMBER<br>C1011607 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

## 4. REPORT OF FINDINGS

(DEVELOPED CHARACTER REFERENCES) On 11 July 1962, the following persons who have known Colin Luther POWELL during the period of time shown and under the circumstances indicated were interviewed in their homes concerning their knowledge of SUBJECT:

DCSA (b)(6), (b)(7)(C), (k)(2) retired, DCSA (b)(6), (b)(7)(C), (k)(2) has known Colin Luther POWELL as a friend for twenty years, seeing HIM almost daily as a neighbor until 1958 or 1959. Since then Source has seen HIM about three times, and last saw HIM about one year ago.

DCSA (b)(6), (b)(7)(C), (k)(2) has known Colin Luther POWELL as a friend for about nineteen years seeing HIM almost daily until 1959 or 1960 as a neighbor and only three or four times since then. Source last saw HIM about one year ago.

Sources stated substantially as follows:

SUBJECT was born in New York City and is not married. HIS parents are DCSA (b)(6), (b)(7)(C), (k)(2). HE has a sister named DCSA (b)(6), (b)(7)(C), (k)(2). Until 1958-1959, HE resided with HIS family at 952 Kelly Street, Bronx, New York. They now live at 183-68 Elmira Avenue, Hollis, Queens, New York. SUBJECT is a high school graduate and a graduate of the City College of New York, where HE was a member of the Reserve Officer's Training Corps (ROTC). SUBJECT worked in several part-time jobs while attending school, but Sources know nothing more of HIS employment history. HE is a very pleasant and well mannered person. HE is intelligent, honest, loyal to the United States, discreet, of good character and reputation, financially responsible, and a supporter of the democratic principles of government as practiced in the United States. HE may have relatives in Jamaica, British West Indies, but is not a member of any club or organization outside of HIS former membership in the ROTC. Sources individually named each other as also knowing HIM and each stated that all former friends have moved away and Sources have not maintained contact with them.

DCSA (b)(6), (b)(7)(C), (k)(2) recommend Colin Luther POWELL be favorably considered for a position of trust and responsibility with the United States Army.

**DCSA: Best Copy Available**

|                                                                                                    |                                                                 |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT<br>DCSA (b)(6), (b)(7)(C), (k)(2)<br>108th INTC Gp | 6. SIGNATURE OF SPECIAL AGENT<br>DCSA (b)(6), (b)(7)(C), (k)(2) |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|



# AGENT REPORT

(AR 381-131)

1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther  
1/Lt 1 O 83 771  
DOB: 5 April 1937  
POB: New York, Manhattan, New York

2. DATE SUBMITTED

13 July 1962

3. CONTROL SYMBOL OR FILE NUMBER

G1011607

4. REPORT OF FINDINGS

(DEVELOPED CHARACTER REFERENCE) On 13 July 1962, DCSA (b)(6), (b)(7)(C), (k)(2) Attorney, Legal Aid Society, 118 Livingston Street, Brooklyn, New York, who resides at 676 Riverside Drive, New York, New York, was interviewed in her office regarding Colin Luther POWELL. Source stated in substance as follows:

DCSA (b)(6), (b)(7)(C), (k)(2) has known POWELL since they were both small children. Both Source's and SUBJECT'S parents were born in Jamaica, British West Indies, and both families have been friends for many years. Source's association with SUBJECT has been sporadic and on a social basis. Source last saw SUBJECT approximately one and a half years ago.

SUBJECT was single and was last known to be an officer in the United States Army. Prior to entering military service, HE lived with HIS parents, Luther and Ariel Powell in Hollis, Long Island, New York, exact address unknown. SUBJECT and HIS family formerly lived in the Bronx, New York, exact address not recalled. SUBJECT has one sister, DCSA (b)(6), (b)(7)(C), (k)(2) who resides with her husband in Buffalo, New York. SUBJECT attended City College of New York, and graduated an honor student in about 1958. HE is believed to have been a member of the Reserve Officer's Training Corps at City College, and received HIS commission as a result of this training. SUBJECT was employed on a part-time basis for a soft drink bottling company in either New York City or Queens, New York, name of firm and exact period of employment not recalled. SUBJECT'S character and reputation is above reproach. HE is an intelligent, sincere, well adjusted person. Source knows of no trouble HE may have had with law enforcement agencies, and HE is not known to drink or to gamble. Source knows of no financial difficulties that SUBJECT has had, and considers HIM to be financially responsible. SUBJECT'S political views are unknown; however, Source is of the opinion that HE favors one of the two major political parties in the United States. HE has never been known to have made any statement inimical to the best interest of the United States Government. SUBJECT has no known organizational affiliations. HE has relatives residing in Jamaica, British West Indies, but Source has no knowledge of their names or exact addresses. POWELL is honest, discreet, and loyal to the United States Government. Source knew of no other persons who would know SUBJECT, other than members of her immediate family.

DCSA (b)(6), (b)(7)(C), (k)(2) recommended that Colin Luther POWELL be favorably considered for assignment to a position of trust and confidence with the United States Government.

DCSA: Best Copy Available

5. TYPE, NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2) 108th INTC Gp

6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 341

1 APR 57

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# AGENT REPORT

(AR 301-131)

## 1. NAME OF SUBJECT OR TITLE OF INCIDENT

POWELL, Colin Luther

1/Lt, 0 83 771

DOB: 5 April 1937

POB: New York, Manhattan, New York

## 2. DATE SUBMITTED

11 July 1962

## 3. CONTROL SYMBOL OR FILE NUMBER

01 011 507

## 4. REPORT OF FINDINGS

(DEVELOPED CHARACTER REFERENCE) On 11 July 1962, in a telephonic conversation for the purpose of making an appointment to interview Dorothy Cropper, 676 Riverside Drive, Manhattan, New York, concerning Colin Luther POWELL, Source stated substantially as follows:

DCSA (b)(6), (b)(7)(C), (k)(2) will be available only at the Legal Aid Society, 148 Livingston Avenue, Brooklyn, New York, telephone number 75-5962. Thursday or Friday, 12 or 13 July 1962, would be the best time.

DCSA: Best Copy Available

## 5. TYPED NAME AND ORGANIZATION OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

108th INTC Co.

## 6. SIGNATURE OF SPECIAL AGENT

DCSA (b)(6), (b)(7)(C), (k)(2)

DA FORM 1 APR 62 341

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Close 205-117

REPORT OF NATIONAL AGENCY CHECK (G1014657)

27 11 82 167.1 (AR 381-13)

DATE SUBMITTED: 5 APR 1962

|                                                                                                                                                                                                                                                                                   |                                              |                                                                   |                                                         |                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME<br>POWELL COLIN LUTHER                                                                                                                                                                                                                        |                                              | 2. GRADE<br>1/Lt                                                  | 3. SERVICE NUMBER<br>ASN: [REDACTED]<br>SSN: [REDACTED] | 4. ACTIVE DUTY<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 5. PRESENT HOME ADDRESS IN U.S.<br>183-68 Elmira Ave., St Albans 12, N. Y.                                                                                                                                                                                                        |                                              | 6. DATE OF BIRTH<br>5 April 1937                                  | 7. RACE<br>Neg                                          |                                                                                          |
| 8. DUTY STATION OR BUSINESS ADDRESS<br>Co "A" 1st BG, 4th Infantry, Fort Devens, Mass.                                                                                                                                                                                            |                                              | 9. PLACE OF BIRTH<br>New York, Manhattan, New York                |                                                         |                                                                                          |
| 10. DUTY OR JOB ASSIGNMENT<br>Company Commander                                                                                                                                                                                                                                   | 11. ALIEN REGISTRATION NUMBER<br>None        | 12. CERTIFICATE NUMBER THROUGH WHICH CITIZENSHIP ACQUIRED<br>None |                                                         |                                                                                          |
| 13. CONTROL SYMBOL AND FBI NUMBER<br>G10146 07                                                                                                                                                                                                                                    | 14. CONTROL OFFICE<br>62<br>First U. S. Army | 15. INVESTIGATION REQUESTED BY<br>CO<br>First U. S. Army          |                                                         |                                                                                          |
| 16. RESIDENCE FOR LAST TEN (10) YEARS (Exclude present address above)                                                                                                                                                                                                             |                                              |                                                                   |                                                         |                                                                                          |
| a. DATE                                                                                                                                                                                                                                                                           | b. NUMBER AND STREET                         | c. CITY                                                           | d. STATE                                                |                                                                                          |
| Oct 56                                                                                                                                                                                                                                                                            | 952 Kelly St                                 | New York City                                                     | New York                                                |                                                                                          |
| Oct 56-Jul 58                                                                                                                                                                                                                                                                     | 183-68 Elmira Ave.                           | New York City                                                     | New York                                                |                                                                                          |
| Jul 58-Aug 58                                                                                                                                                                                                                                                                     | BOQ (On post res)                            | Fort Benning                                                      | Georgia                                                 |                                                                                          |
| Aug 58-Aug 58                                                                                                                                                                                                                                                                     | Tourist to Canada (address unk)              | (Tourist) (Unk)                                                   | Canada                                                  |                                                                                          |
| Aug 58-Dec 58                                                                                                                                                                                                                                                                     | BOQ (On post res)                            | Fort Benning                                                      | Georgia                                                 |                                                                                          |
| Dec 58-Aug 59                                                                                                                                                                                                                                                                     | Co "B" 2d ARB 48 Inf (On post res)           | (APO 39NY) (Gelnhausen)                                           | Germany                                                 |                                                                                          |
| Aug 59-Aug 60                                                                                                                                                                                                                                                                     | Co "D" 2d ARB 48 Inf (On post res)           | (APO 39NY) (Gelnhausen)                                           | Germany                                                 |                                                                                          |
| Aug 60-Sep 60                                                                                                                                                                                                                                                                     | C/o Mickle Spar Tree Post Officer            | Jamaica                                                           | Jamaica, B/WI                                           |                                                                                          |
| 17. PLACE OF LONGEST EMPLOYMENT SINCE AGE 18                                                                                                                                                                                                                                      |                                              |                                                                   |                                                         |                                                                                          |
| a. DATE                                                                                                                                                                                                                                                                           | b. COMPANY OR FIRM                           | c. ADDRESS                                                        |                                                         |                                                                                          |
| Jul 56-Sep 56                                                                                                                                                                                                                                                                     | Metropolitan Bottling Co.                    | 46-02 5th St. Long Is. City, N. Y.                                |                                                         |                                                                                          |
| 18. ADDITIONAL PERTINENT INFORMATION (For use of Central Office)                                                                                                                                                                                                                  |                                              |                                                                   |                                                         |                                                                                          |
| Aug 52-Aug 52 - Canada (Purpose of visit: Tourist) No passport required.<br>Aug 60-Sep 60 - Jamaica, B/WI (Purpose of visit: Tourist) No passport used                                                                                                                            |                                              |                                                                   |                                                         |                                                                                          |
| 19. AGENCY                                                                                                                                                                                                                                                                        |                                              |                                                                   |                                                         |                                                                                          |
| ACSI <input type="checkbox"/>                                                                                                                                                                                                                                                     | PM (S) <input checked="" type="checkbox"/>   | ONI <input type="checkbox"/>                                      | OM <input type="checkbox"/>                             | TAG <input type="checkbox"/>                                                             |
| INS <input type="checkbox"/>                                                                                                                                                                                                                                                      | STATE <input type="checkbox"/>               | FBI (C) <input type="checkbox"/>                                  | <input type="checkbox"/>                                | <input type="checkbox"/>                                                                 |
| 20. CODE                                                                                                                                                                                                                                                                          |                                              |                                                                   |                                                         |                                                                                          |
| (NI) NO RECORD                                                                                                                                                                                                                                                                    | (ND) NOTHING DEROGATORY                      | (NI) NOT IDENTIFIABLE                                             | (SA) SUMMARY ATTACHED                                   | (AR) AGENCY REMARKS                                                                      |
| 21. AGENCY REMARKS                                                                                                                                                                                                                                                                |                                              |                                                                   |                                                         |                                                                                          |
| <p style="color: red;">DCSA: Best Copy Available</p> <p style="transform: rotate(-15deg);">No Investigation Conducted by FBI<br/>Pertinent to your inquiry.<br/>This is the result of a request for an<br/>FBI file check only and is not to be<br/>considered as a clearance</p> |                                              |                                                                   |                                                         |                                                                                          |
| Assistant Chief of Staff for Intelligence<br>Hq. Department of the Army<br>Washington 25, D. C.                                                                                                                                                                                   |                                              | SIGNATURE<br>[Signature]                                          |                                                         |                                                                                          |



201- POWELL, Colin L

083771

SUBJECT: Report of National Agency Check (cont'd)

APR 12 1962

Item #16 (cont'd)

Aug 60-Dec 60 Co "D" 2d ARB 48 Inf (On post res)

(APO 39 NY) Gelnhausen Germany

Dec 60-Jun 61 Hq Co 1/4 (On post res)

Fort Devens, Mass.

  
COLIN L. POWELL  
1st Lt, Infantry  
CO, Co "A" 1/4

DCSA: Best Copy Available

No investigation conducted by FBI  
Pertinent to your inquiry  
This is the result of a request for an  
FBI file check only and is not to be  
considered as a clearance



# REPORT OF NATIONAL AGENCY CHECK

DATE SUBMITTED  
5 APR 1962

|                                                                                                                                                                                                                                                                                                                                                      |                                              |                                                                   |                                                                           |                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME<br>POWELL COLIN LUTHER                                                                                                                                                                                                                                                                                           |                                              | 2. GRADE<br>1/Lt                                                  | 3. SERVICE NUMBER<br>ASN - 083772<br>SSN - DCSA (b)(6), (b)(7)(C), (k)(2) | 4. ACTIVE DUTY<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 5. PRESENT HOME ADDRESS IN U. S.<br>183-68 Elmira Ave., St Albans 12, N. Y.                                                                                                                                                                                                                                                                          |                                              | 6. DATE OF BIRTH<br>5 April 1937                                  | 7. RACE<br>Neg                                                            |                                                                                          |
| 8. DUTY STATION OR BUSINESS ADDRESS<br>Co "A" 1st BG, 4th Infantry, Fort Devens, Mass.                                                                                                                                                                                                                                                               |                                              | 9. PLACE OF BIRTH<br>New York, Manhattan, New York                |                                                                           |                                                                                          |
| 10. DUTY OR JOB ASSIGNMENT<br>Company Commander                                                                                                                                                                                                                                                                                                      | 11. ALIEN REGISTRATION NUMBER<br>None        | 12. CERTIFICATE NUMBER THROUGH WHICH CITIZENSHIP ACQUIRED<br>None |                                                                           |                                                                                          |
| 13. CONTROL SYMBOL AND FILE NUMBER<br>G1014607                                                                                                                                                                                                                                                                                                       | 14. CONTROL OFFICE<br>02<br>First U. S. Army | 15. INVESTIGATION REQUESTED BY<br>CO<br>First U. S. Army          |                                                                           |                                                                                          |
| 16. RESIDENCE FOR LAST TEN (10) YEARS (Exclude present address above)                                                                                                                                                                                                                                                                                |                                              |                                                                   |                                                                           |                                                                                          |
| a. DATE                                                                                                                                                                                                                                                                                                                                              | b. NUMBER AND STREET                         | c. CITY                                                           | d. STATE                                                                  |                                                                                          |
| Feb 52-Oct 56                                                                                                                                                                                                                                                                                                                                        | 952 Kelly St                                 | New York City                                                     | New York                                                                  |                                                                                          |
| Oct 56-Jul 58                                                                                                                                                                                                                                                                                                                                        | 183-68 Elmira Ave.                           | New York City                                                     | New York                                                                  |                                                                                          |
| Jul 58-Aug 58                                                                                                                                                                                                                                                                                                                                        | BOQ (On post res)                            | Fort Benning                                                      | Georgia                                                                   |                                                                                          |
| Aug 58-Aug 58                                                                                                                                                                                                                                                                                                                                        | Tourist to Canada (address unk)              | (Tourist) (Unk)                                                   | Canada                                                                    |                                                                                          |
| Aug 58-Dec 58                                                                                                                                                                                                                                                                                                                                        | BOQ (On post res)                            | Fort Benning                                                      | Georgia                                                                   |                                                                                          |
| Dec 58-Aug 59                                                                                                                                                                                                                                                                                                                                        | Co "B" 2d ARB 48 Inf (On post res)           | (APO 39NY) (Gelnhausen)                                           | Germany                                                                   |                                                                                          |
| Aug 59-Aug 60                                                                                                                                                                                                                                                                                                                                        | Co "D" 2d ARB 48 Inf (On post res)           | (APO 39NY) (Gelnhausen)                                           | Germany                                                                   |                                                                                          |
| Aug 60-Sep 60                                                                                                                                                                                                                                                                                                                                        | C/o Mickle Spar Tree Post Office             | Jamaica                                                           | Jamaica, BWI                                                              |                                                                                          |
| 17. PLACE OF LONGEST EMPLOYMENT SINCE AGE 18                                                                                                                                                                                                                                                                                                         |                                              |                                                                   |                                                                           |                                                                                          |
| a. DATE                                                                                                                                                                                                                                                                                                                                              | b. COMPANY OR FIRM                           | c. ADDRESS                                                        |                                                                           |                                                                                          |
| Jul 56-Sep 56                                                                                                                                                                                                                                                                                                                                        | Metropolitan Bottling Co.                    | 46-02 5th St. Long Is. City, N. Y.                                |                                                                           |                                                                                          |
| 18. ADDITIONAL PERTINENT INFORMATION (For use of Central Office)                                                                                                                                                                                                                                                                                     |                                              |                                                                   |                                                                           |                                                                                          |
| Aug 52-Aug 52 - Canada (Purpose of visit: Tourist) No passport required.<br>Aug 60-Sep 60 - Jamaica, BWI (Purpose of visit: Tourist) No passport used                                                                                                                                                                                                |                                              |                                                                   |                                                                           |                                                                                          |
| 19. AGENCY                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                   |                                                                           |                                                                                          |
| ACSI <input type="checkbox"/> FBI (SI) <input type="checkbox"/> ONI <input type="checkbox"/> OSI <input type="checkbox"/> TAG <input type="checkbox"/> CSC <input type="checkbox"/><br>INS <input type="checkbox"/> STATE <input type="checkbox"/> FBI (C) <input type="checkbox"/> <input checked="" type="checkbox"/> CIR <input type="checkbox"/> |                                              |                                                                   |                                                                           |                                                                                          |
| 20. CODE                                                                                                                                                                                                                                                                                                                                             |                                              |                                                                   |                                                                           |                                                                                          |
| (NO) NO RECORD (ND) NOTHING DEROGATORY (NI) NOT IDENTIFIABLE (SA) SUMMARY ATTACHED (AR) AGENCY REMARKS                                                                                                                                                                                                                                               |                                              |                                                                   |                                                                           |                                                                                          |
| 21. AGENCY REMARKS                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                   |                                                                           |                                                                                          |
| NO RECORD                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                   |                                                                           |                                                                                          |
| DCSA: Best Copy Available                                                                                                                                                                                                                                                                                                                            |                                              |                                                                   |                                                                           |                                                                                          |
| Assistant Chief of Staff for Intelligence<br>Hq. Department of the Army<br>Washington 25, D. C.                                                                                                                                                                                                                                                      |                                              | SIGNATURE                                                         |                                                                           |                                                                                          |

DA FORM 1 DEC 58 340

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

FOR OFFICIAL USE ONLY (When data required)

Rev. 1 1956 (GPO: 1957-75)



# STATEMENT OF PERSONAL HISTORY

**INSTRUCTIONS:** Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact, since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                                                          |                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. (Print) FIRST NAME—MIDDLE NAME—MAIDEN NAME (if any)—LAST NAME<br><b>COLIN LUTHER POWELL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              | 2. STATUS<br><input checked="" type="checkbox"/> <b>CIVILIAN</b> <input type="checkbox"/> <b>MILITARY OR ACTIVE DUTY</b> |                                                                                                                                  |
| 3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage)<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | 4. PERMANENT MAILING ADDRESS (Do not include P.O. Box)<br><b>183-68 Elmira Ave., St Albans 12, N.Y.</b>                  |                                                                                                                                  |
| 5. DATE OF BIRTH (Day, month, year)<br><b>5 April 1937</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. PLACE OF BIRTH (City, County, State, and Country)<br><b>New York, Manhattan, New York</b> |                                                                                                                          | 7. PLACE CERTIFICATE RECORDED<br><b>New York City, N.Y.</b>                                                                      |
| 8. RACE<br><b>Neg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9. HEIGHT<br><b>72</b>                                                                       | 10. WEIGHT<br><b>185</b>                                                                                                 | 11. SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS<br><b>Scar on left forearm</b>                                                 |
| 12. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20. |                                                                                              |                                                                                                                          |                                                                                                                                  |
| 13. U.S. CITIZEN<br><input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14. IF NATURALIZED, CERTIFICATE NO.<br><b>1117 2618/C</b>                                    | 15. IF DERIVED, PARENT'S CERTIFICATE NO.<br><b>120 8441/C</b>                                                            | 16. DATE, PLACE AND COURT<br><b>10/10/41/C</b>                                                                                   |
| 17. ALIEN REGISTRATION NO.<br><b>878</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 18. NATIVE COUNTRY<br><b>N/A</b>                                                             | 19. DATE AND PORT OF ENTRY<br><b>10/10/41/C</b>                                                                          | 20. DO YOU INTEND TO BECOME A U.S. CITIZEN?<br><input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |

## MILITARY SERVICE

|                                                                                                                                                                                                                                                                 |                                    |                                                                      |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------|----------------------------------------------------|
| ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> IF "YES," COMPLETE THE FOLLOWING:                                                                |                                    |                                                                      |                                                    |
| GRADE AND SERVICE NO.<br><b>1/Lt 083771</b>                                                                                                                                                                                                                     | SERVICE AND COMPONENT<br><b>no</b> | ORGANIZATION AND STATION<br><b>Mass 1st Bn, 4th Inf, Fort Devens</b> | DATE CURRENT ACTIVE SERVICE STARTED<br><b>no</b>   |
| ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> IF "YES," COMPLETE THE FOLLOWING:                                                               |                                    |                                                                      |                                                    |
| GRADE AND SERVICE NO.<br><b>no</b>                                                                                                                                                                                                                              | SERVICE AND COMPONENT<br><b>no</b> | ORGANIZATION AND STATION OR UNIT AND LOCATION<br><b>no</b>           |                                                    |
| HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> IF "YES," COMPLETE THE FOLLOWING: |                                    |                                                                      |                                                    |
| COUNTRY                                                                                                                                                                                                                                                         | SERVICE                            | COMPONENT                                                            | FROM (Date)                                        |
| <b>no</b>                                                                                                                                                                                                                                                       | <b>no</b>                          | <b>no</b>                                                            | <b>no</b>                                          |
|                                                                                                                                                                                                                                                                 |                                    | TO (Date)                                                            | TYPE DISCHARGE OR SEPARATION—GRADE AND SERVICE NO. |
|                                                                                                                                                                                                                                                                 |                                    | <b>no</b>                                                            | <b>no</b>                                          |

## EDUCATION (Account for all civilian schools and military academies. Do not include service schools)

| MONTH AND YEAR |               | NAME AND LOCATION OF SCHOOL                               | GRADUATE |    | DEGREE         |
|----------------|---------------|-----------------------------------------------------------|----------|----|----------------|
| FROM           | TO            |                                                           | YES      | NO |                |
|                |               | <b>no</b>                                                 |          |    |                |
|                |               | <b>no</b>                                                 |          |    |                |
|                |               | <b>no</b>                                                 |          |    |                |
| <b>Sep 50</b>  | <b>Feb 54</b> | <b>Harris HS. 166th St &amp; Boston Rd, Bx, N.Y. CCNY</b> | <b>x</b> |    | <b>Diploma</b> |

10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number, and place of issuance.)

| RELATION AND NAME                                                 | DATE AND PLACE OF BIRTH                                              | U. S. CITIZEN                         |
|-------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------|
| FATHER<br><b>DCSA (b)(6), (b)(7)(C), (k)(2)</b>                   | <b>DOB: 24 Mar 1898 (See item 20)</b><br><b>POB: Jamaica, B.W.I.</b> | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> |
| MOTHER (Maiden name)<br><b>DCSA (b)(6), (b)(7)(C), (k)(2)</b>     | <b>DOB: 4 Jan 1901 (See item 20)</b><br><b>POB: Jamaica</b>          | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> |
| SPOUSE (Maiden name)<br><b>None</b>                               | <b>N/A</b>                                                           | <b>N/A</b>                            |
| OTHER (Specify) (sister)<br><b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> | <b>DOB: 1 Sep 1931</b><br><b>POB: New York City, N.Y.</b>            | <b>DCSA (b)(6), (b)(7)(C), (k)(2)</b> |

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| 11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)                                                                                                                                                                                                                                                                                                    |                              |                       |                    |             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------|--------------------|-------------|--|--|
| RELATIONSHIP AND NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AGE                          | OCCUPATION            | ADDRESS            | CITIZENSHIP |  |  |
| Add three (3) years to ages of all relatives on items 11, 20 and continuation sheet other wise no change                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                       |                    |             |  |  |
| 12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                       |                    |             |  |  |
| DATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COUNTRY VISITED              | PURPOSE OF TRAVEL     |                    |             |  |  |
| Aug 52 - Aug 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Canada                       | Tourist (one week)    |                    |             |  |  |
| Aug 60 - Sep 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jamaica, B.W.I.              | Tourist (three weeks) |                    |             |  |  |
| 13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                       |                    |             |  |  |
| MONTH AND YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME AND ADDRESS OF EMPLOYER | SUPERVISOR            | REASON FOR LEAVING |             |  |  |
| Aug 52 - Aug 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Canada                       | Tourist (one week)    |                    |             |  |  |
| Aug 60 - Sep 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jamaica, B.W.I.              | Tourist (three weeks) |                    |             |  |  |
| 14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories)                                                                                                                                                                                                                                                                                                                                                                         |                              |                       |                    |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET AND NUMBER            | CITY                  | STATE OR TERRITORY |             |  |  |
| 15. DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - HAVE YOU EVER BEEN REFUSED BOND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20. |                              |                       |                    |             |  |  |
| SOCIAL SECURITY NO. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                       |                    |             |  |  |

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| 15. MONTH AND YEAR |         | LIST ALL RESIDENCES FROM 1 JANUARY 1937    |             |                  |
|--------------------|---------|--------------------------------------------|-------------|------------------|
| FROM               | TO      | STREET AND NUMBER                          | CITY        | STATE OR COUNTRY |
|                    |         | nc                                         |             |                  |
|                    |         | nc                                         |             |                  |
|                    |         | nc                                         |             |                  |
|                    |         | nc                                         |             |                  |
|                    |         | nc                                         |             |                  |
| Jan 59             | Aug 59  | Co B 2d ARB, 48th Inf APO 39 (on post res) | Golshausen  | Germany          |
| Aug 59             | Dec 60  | Co D 2d ARB 48th Inf APO 39 (on post res)  | Golshausen  | Germany          |
| Dec 60             | Jun 61  | 1st BG, 4th Inf (on post res)              | Fort Devens | Mass             |
| Jun 61             | Present | Co A 1st BG, 4th Inf (on post res)         | Fort Devens | Mass             |
|                    |         |                                            |             |                  |
|                    |         |                                            |             |                  |
|                    |         |                                            |             |                  |
|                    |         |                                            |             |                  |
|                    |         |                                            |             |                  |

| 16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS |                                                 |             |            |         |
|-----------------------------------------------------|-------------------------------------------------|-------------|------------|---------|
| NAME AND ADDRESS                                    | TYPE<br>(Social, fraternal, professional, etc.) | OFFICE HELD | MEMBERSHIP |         |
|                                                     |                                                 |             | FROM       | TO      |
| nc                                                  |                                                 |             |            |         |
| nc                                                  |                                                 |             |            |         |
| AUSA                                                | Military                                        | None        | 1959       | Present |

| YES                                 | NO                       | 17. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?                                                                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL SOCIAL OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?                                         |

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, PROSECUTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT RECORDS WHILE IN MILITARY SERVICE. ☐ YES ☒ NO IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

19. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, PROSECUTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT RECORDS WHILE IN MILITARY SERVICE. ☐ YES ☒ NO IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

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# STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Read the certification at the end of this questionnaire. Before entering the required data, print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material facts since the statements made herein are subject to verification. If more space is needed, use the Remarks section, attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME—MIDDLE NAME—MAIDEN NAME (if any)—LAST NAME  
MR. CONN LUTHER POWELL  
STATUS  
☒ CIVILIAN ☐ MILITARY OR ACTIVE DUTY

2. ALIAS/ES, NICKNAME/ES, OR CHANGES IN NAME (Other than by marriage)  
NONE  
4. PERMANENT RESIDENCE ADDRESS (Do not include P.O. box)  
183-68 Elmira Ave St, Albany 12

3. DATE OF BIRTH (Day, month, year)  
5 April 1937  
PLACE OF BIRTH (City, County, State, and Country)  
New York, N.Y., N.Y., U.S.A.  
PLACE CERTIFICATE RECEIVED  
Manhattan

RACE  
Negro  
HEIGHT  
73  
WEIGHT  
170  
COLOR OF EYES  
brown  
COLOR OF HAIR  
brown  
SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS  
scar on left forearm

5. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? ☐ YES ☒ NO  
ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? ☐ YES ☒ NO  
ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? ☐ YES ☒ NO  
ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20

7. U.S. CITIZEN  
☒ YES ☐ NO  
IF NATURALIZED, CERTIFICATE NO.  
N/A  
IF DERIVED, PARENTS' CERTIFICATE NO(S)  
N/A  
DATE, PLACE, AND COURT OF ISSUANCE  
N/A

8. ALIAS/ES  
N/A  
REGISTRATION NO.  
N/A  
NATIVE COUNTRY  
N/A  
DATE AND PORT OF ENTRY  
N/A  
DO YOU INTEND TO BECOME A U.S. CITIZEN?  
☐ YES ☒ NO

9. MILITARY SERVICE  
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES DRAWING FULL PAY? ☐ YES ☒ NO  
IF "YES," COMPLETE THE FOLLOWING:  
GRADE AND SERVICE NO.  
SERVICE AND COMPONENT  
ORGANIZATION AND STATION  
DATE CHARGED ACTIVE DUTY

ARE YOU PRESENTLY A MEMBER OF A U.S. RESERVE OR NATIONAL GUARD ORGANIZATION? ☐ YES ☒ NO  
IF "YES," COMPLETE THE FOLLOWING:  
GRADE AND SERVICE NO.  
SERVICE AND COMPONENT  
ORGANIZATION AND STATION OR UNIT AND LOCATION  
DATE CHARGED ACTIVE DUTY

10. HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? ☐ YES ☒ NO  
IF "YES," COMPLETE THE FOLLOWING:  
COUNTRY  
SERVICE  
COMPONENT  
FROM (Date)  
TO (Date)  
TYPE DISCHARGE OR SEPARATION—GRADE AND SERVICE NO.

11. EDUCATION (Account for all civilian schools and military academies; Do not include service schools)  
MONTH AND YEAR  
NAME AND LOCATION OF SCHOOL  
GRADUATED  
DEGREE  
Jan 1942 June 1942 PS 20 Simmons & Intervale Aves Ex 59 X  
Sept 1942 June 1943 PS 39 Kelly St & Longwood Ave Ex 59 X diploma  
Sept 1943 June 1950 PS 52 Kelly St & Ave St. John Ex 55 X diploma  
Sept 1950 Feb 1954 Morris HS 166 St. & Boston Rd. Ex 66 X diploma  
Feb 1954 To date City College of NY, 138 & Convent Av NY X NONE

12. FAMILY (List in order: father, mother, guardian, stepfather, foster parents, parents-in-law, former spouse(s) if divorced, give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U.S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)  
RELATION AND NAME  
DATE AND PLACE OF BIRTH  
PRESENT ADDRESS, IF LIVING  
U.S. CITIZEN  
FATHER  
DCSA (b)(6), (b)(7)(C), (k)(2)  
March 24, 1898  
DCSA (b)(6), (b)(7)(C), (k)(2)  
X  
MOTHER (maiden name)  
DCSA (b)(6), (b)(7)(C), (k)(2)  
January 1, 1901  
DCSA (b)(6), (b)(7)(C), (k)(2)  
X  
SPOUSE (maiden name)  
NONE  
OTHER (Specify)  
DCSA (b)(6), (b)(7)(C), (k)(2)  
September 1, 1931  
DCSA (b)(6), (b)(7)(C), (k)(2)  
X  
New York City  
Buffalo 23, New York

DCSA: Best Copy Available



| OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers, and sisters-in-law, and other persons with whom a close relationship existed or exists)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                |          |                    |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------|----------|--------------------|--------------------------------------|-------------|------------------------------------------------|------|--------------------|--------------------------------|----|--------------------------------|----------|------|--|---|--|----------|------|--|----|--|----------|------|--|----|--|----------|------|--|----|--|----------|------|--|----|--|----------|------|--|----|--|----------|------|--|----|--|----------|------|
| RELATIONSHIP AND NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AGE         | OCCUPATION                                     | ADDRESS  | CITIZENSHIP        |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
| SEE ATTACHED SHEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | SEE ATTACHED SHEET                             |          |                    |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
| <p>11. FOREIGN TRAVEL (Other than as a direct result of United States military duties)</p> <p>FROM— TO— COUNTRY VISITED PURPOSE OF TRAVEL</p> <p>Aug 1950/Aug 1952 Canada tourist</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                |          |                    |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
| <p>12. EMPLOYMENT (Show every employment you have had and all periods of unemployment)</p> <p>MONTHS (MO/YEAR) NAME AND ADDRESS OF EMPLOYER NAME OF IMMEDIATE SUPERVISOR REASON FOR LEAVING</p> <p>Nov 1951 to date Jacob Sickser 998 Westchester Ave Bx. 59 DCSA (b)(6), (b)(7)(C), (k)(2) seasonal work</p> <p>Aug 1955/Sept 1955 Metropolitan Bottling Co. DCSA (b)(6), (b)(7)(C), (k)(2) return to school</p> <p>June 1955/Sept 1955 46-02 5th St. L.I.C. NY Modern Kitchen Cabinets unknown family illness</p> <p>June 1955/June 1955 125 E 129 St. N.Y.C. Coca-Cola Bottling Co. unknown better job</p> <p>June 1955/June 1955 34 St. &amp; First Ave N.Y.C. Myer 1890 Beverage Co. unknown temporary work</p> <p>Aug 1955/Aug 1955 46-02 5th St. L.I.C. N.Y. 1 Nassau Ave Bklyn. N.Y. unknown temporary work</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                |          |                    |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
| <p>13. DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HAVE YOU EVER BEEN REFUSED BOND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.</p> <p>14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories)</p> <table border="1"> <thead> <tr> <th>NAME (List 3 credit and 3 character)</th> <th>YEARS KNOWN</th> <th>STREET AND NUMBER (Business address preferred)</th> <th>CITY</th> <th>STATE OR TERRITORY</th> </tr> </thead> <tbody> <tr> <td>DCSA (b)(6), (b)(7)(C), (k)(2)</td> <td>19</td> <td>DCSA (b)(6), (b)(7)(C), (k)(2)</td> <td>New York</td> <td>N.Y.</td> </tr> <tr> <td></td> <td>6</td> <td></td> <td>New York</td> <td>N.Y.</td> </tr> <tr> <td></td> <td>15</td> <td></td> <td>New York</td> <td>N.Y.</td> </tr> <tr> <td></td> <td>10</td> <td></td> <td>New York</td> <td>N.Y.</td> </tr> <tr> <td></td> <td>14</td> <td></td> <td>New York</td> <td>N.Y.</td> </tr> <tr> <td></td> <td>19</td> <td></td> <td>New York</td> <td>N.Y.</td> </tr> <tr> <td></td> <td>19</td> <td></td> <td>New York</td> <td>N.Y.</td> </tr> <tr> <td></td> <td>19</td> <td></td> <td>New York</td> <td>N.Y.</td> </tr> </tbody> </table> |             |                                                |          |                    | NAME (List 3 credit and 3 character) | YEARS KNOWN | STREET AND NUMBER (Business address preferred) | CITY | STATE OR TERRITORY | DCSA (b)(6), (b)(7)(C), (k)(2) | 19 | DCSA (b)(6), (b)(7)(C), (k)(2) | New York | N.Y. |  | 6 |  | New York | N.Y. |  | 15 |  | New York | N.Y. |  | 10 |  | New York | N.Y. |  | 14 |  | New York | N.Y. |  | 19 |  | New York | N.Y. |  | 19 |  | New York | N.Y. |  | 19 |  | New York | N.Y. |
| NAME (List 3 credit and 3 character)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YEARS KNOWN | STREET AND NUMBER (Business address preferred) | CITY     | STATE OR TERRITORY |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19          | DCSA (b)(6), (b)(7)(C), (k)(2)                 | New York | N.Y.               |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6           |                                                | New York | N.Y.               |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15          |                                                | New York | N.Y.               |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10          |                                                | New York | N.Y.               |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14          |                                                | New York | N.Y.               |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 19          |                                                | New York | N.Y.               |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 19          |                                                | New York | N.Y.               |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 19          |                                                | New York | N.Y.               |                                      |             |                                                |      |                    |                                |    |                                |          |      |  |   |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |  |    |  |          |      |



[illegible]



12. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR ABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? ☐ YES ☒ NO (IF "YES" HAVE DETAILS)

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[illegible]

My father, [REDACTED] entered the United States April 26, 1920 in Philadelphia, Pa. [REDACTED] was in Philadelphia, [REDACTED] because of [REDACTED] in [REDACTED]

[illegible]

I certify that I have read AR 604-45, dtd 9 August 1953, and

zations listed therein. C.R.

**Initials**

2. I certify that I have read and understand the 1. 13. AR 604-10. n G 7. P

1987 RELEASE UNDER E.O. 14176

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH.

|      |                                     |
|------|-------------------------------------|
| DATE | SIGNATURE OF PERSON COMPLETING FORM |
|      | MILVA ZENALCE                       |

9 JAN. 1957 John Andrew Foell 104  
 TYPED NAME AND ADDRESS OF WITNESS Date: 16 Jan 57 File No: 104-104-104 SIGNATURE OF WITNESS

|                      |                                |
|----------------------|--------------------------------|
| 141 St & Convent Ave | DCSA (b)(6), (b)(7)(C), (k)(2) |
|----------------------|--------------------------------|

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the investigation. The investigator will identify the problem and then will determine the scope of the investigation. The investigator will then determine the objectives of the investigation and will then determine the methods of the investigation. The investigator will then determine the results of the investigation and will then determine the conclusions of the investigation. The investigator will then determine the recommendations of the investigation and will then determine the actions of the investigation. The investigator will then determine the follow-up of the investigation and will then determine the final report of the investigation.

THE INFORMATION HAS BEEN PROVIDED TO THE FBI BY THE BUREAU OF INVESTIGATION AND IS BEING FURNISHED TO YOU FOR YOUR INFORMATION.

|      |       |      |      |         |                 |
|------|-------|------|------|---------|-----------------|
| DATE | MONTH | YEAR | TIME | PLACE   | NAME            |
| 1964 | 10    | 15   | 1500 | CHICAGO | JOHN J. JACKSON |

[illegible]

|                                                     |                                                  |                                    |
|-----------------------------------------------------|--------------------------------------------------|------------------------------------|
| 1. NAME OR BIRTH NAME (Last, first, middle initial) | 2. DATE OF BIRTH (MM/DD/YYYY) (Month, day, year) | 3. DATE CLEARANCE BECAME EFFECTIVE |
| 11/1/52                                             | RECORD OF PRIOR CLEARANCES: 03-00                | FINISH DATE: 11/1/52               |

|                            |                                   |                                               |
|----------------------------|-----------------------------------|-----------------------------------------------|
| NAME OF CLEARANCE AGENT(s) | ADDRESS(ES) OF CLEARANCE AGENT(S) | DATE WHEN AGREED WITH COMPLET'S INVESTIGATION |
|----------------------------|-----------------------------------|-----------------------------------------------|

|                               |  |   |       |                      |
|-------------------------------|--|---|-------|----------------------|
| <input type="checkbox"/> NIZO |  | X | SWIFT | RECEIVED ON 06/17/98 |
| <input type="checkbox"/> Doc  |  |   |       |                      |

[illegible]

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE~~

SUBJECT: [REDACTED] DO NOT DISCLOSE TO OTHERS

for Personnel of the Armed Forces) SATISFACTORILY

REVIEWED BY: [REDACTED] DATE: [REDACTED]

3

\_\_\_\_\_

*[Faint, illegible text at the bottom of the page]*



## Item 11

| Relationship and Name                     | Age | Occupation    | Address                        | Citizenship |
|-------------------------------------------|-----|---------------|--------------------------------|-------------|
| DCSA (b)(6), (b)(7)(C), (k)(2) Aunt       | 55  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Aunt       | 52  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Aunt       | 45  | Housewife     |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Uncle      | 50  | Bookkeeper    |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Uncle      | 48  | Store Manager | DCSA (b)(6), (b)(7)(C), (k)(2) | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) 1st Cousin | 28  | Truck Driver  |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 26  | Civil Servant |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 24  | Store Keeper  |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 22  | Student       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 20  | Bank Teller   |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 16  | Student       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 28  | Truck Driver  |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 26  | Nurse         |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 30  | Truck Driver  |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 14  | Student       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 23  | Housewife     |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 21  | Stenographer  |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 18  | Clerk         |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 16  | Student       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 14  | Student       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Uncle      | 45  | Business Man  |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Uncle      | 42  | Dressmaker    |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Aunt       | 40  | Teacher       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Aunt       | 38  | Housewife     |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Uncle      | 48  | Farmer        |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Aunt       | 52  | Housewife     |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 9   | student       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 21  | student       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 18  | Student       |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin     | 16  | Student       |                                | British     |

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Item 11 Continued

| Name and Relationship                 | Age | Occupation | Address                        | Citizenship |
|---------------------------------------|-----|------------|--------------------------------|-------------|
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin | 9   | Student    | DCSA (b)(6), (b)(7)(C), (k)(2) | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin | 6   | Student    |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin | 8   | Student    |                                | British     |
| DCSA (b)(6), (b)(7)(C), (k)(2) Cousin | 7   | Student    |                                | British     |

*John Little Powell c 97*

DCSA: Best Copy Available





DCSA: Best Copy Available



DEPARTMENT of DEFENSE  
DEFENSE INVESTIGATIVE SERVICE

FILE NO:

POWELL COLIN LUTHER

DCSA (b)(6), (b)(7)(C), (K)(2)

M 3771 37/04/05 36  
76146-006-1236-1A7

# WARNING

THIS FILE IS THE PROPERTY OF THE DEFENSE INVESTIGATIVE SERVICE. CONTENTS MAY BE DISCLOSED ONLY TO PERSONS WHOSE OFFICIAL DUTIES REQUIRE ACCESS HERETO. CONTENTS MAY NOT BE DISCLOSED TO THE PARTY(S) CONCERNED WITHOUT SPECIFIC AUTHORIZATION FROM THE DEFENSE INVESTIGATIVE SERVICE.

SPECIAL INSTRUCTIONS:

It is certified that the material in this file is being retained pursuant to DoD Directive 5200.27 and DIS Regulation 20-2.

Date Acquired AUG 26 1973

Signature J. Karveth

RETAIN FOR:

60 Days 90 Days 1 Yr ☒ 30 Yr Perm

~~FOR OFFICIAL USE ONLY~~

IF CLASSIFIED-DOO DIR 5200.1 APPLIES

DIS FORM 733  
MAY 73

Replaces DIS Form 3, JUL 73, which is obsolete.

RETENTION CONTROL SHEET



|                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |
|----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| REQUEST FOR PERSONNEL SECURITY INVESTIGATION                                                                               |  | 2. CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3. REF. NO. / 4. DATE OF REQUEST<br>PSI-210 / 19 May 1976 |
| 1. FROM: ACOFS, G2/DSFG<br>101st Abn Div (Air Aslt) & Fort Campbell<br>Fort Campbell, Kentucky 42223                       |  | 5. THIS REQUEST IS FOR:<br><input type="checkbox"/> LIMITED INQUIRY<br><input type="checkbox"/> BACKGROUND INVESTIGATION (INI)<br><input checked="" type="checkbox"/> BACKGROUND INVESTIGATION (ICMI)<br><input type="checkbox"/> BRUSHING UP<br><input type="checkbox"/> BRUSHING UP<br><input type="checkbox"/> OTHER (Specify in Remarks)                                                                                                                                              |                                                           |
| TO: Personnel Investigations Control Center<br>Defense Investigative Service<br>P. O. Box 454<br>Baltimore, Maryland 21263 |  | 6. REASON FOR INVESTIGATION:<br><input checked="" type="checkbox"/> ACCESS TO MATERIAL CLASSIFIED<br><del>XXXXXXXXXX</del> (Top Secret)<br><input type="checkbox"/> NUCLEAR WEAPON POSITION<br><input type="checkbox"/> IMMIGRANT ALIEN CLEARANCE<br>REQUIREMENT<br><input checked="" type="checkbox"/> SENSITIVE COMPARTMENTED INFORMATION<br><input type="checkbox"/> SIOP-ESI<br><input type="checkbox"/> PRESIDENTIAL SUPPORT<br><input type="checkbox"/> OTHER (Continue in Remarks) |                                                           |
| 7. RETURN RESULTS TO:<br>(Include ZIP Code)<br>Chief, PSO<br>MIIA-PSO<br>For 3019<br>Fort Meade, MD 29755                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |

DCSA: Best Copy Available

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                                                                                       |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------|
| DO NOT COMPLETE - BLOCKS CIRCUMSCRIBED & HEAVY BLACK LINE ARE FOR DIS INTERNAL USE ONLY                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                       |                                      |
| CC: (For Control Number) 11-15: 76146 DVC 1236 1A7 DA000000                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                                       |                                      |
| 8. NAME (Last-First-Middle) (Last Name only in Capitals)<br>POWELL, Colin Luther                                                                                                                                                                                                                                                                                                                                       |                                           |                                                                                                       |                                      |
| 9. OTHER NAMES USED OR KNOWN BY (Continue in Remarks)<br>None                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                       |                                      |
| 10. DATE OF BIRTH (Y-M-D)<br>1937 April 5                                                                                                                                                                                                                                                                                                                                                                              | 11. SSN<br>DCSA (b)(6), (b)(7)(C), (K)(2) | 12. FORMER SERVICE NO. / 13. SEX<br>OF 083771 Male                                                    | 14. GRADE / 15. PAY GRADE<br>36 A DC |
| 16. PLACE OF BIRTH (City, State)<br>New York City, New York                                                                                                                                                                                                                                                                                                                                                            | 17. SERVICE<br>US Army                    | 18. RANK / RATE / GRADE<br>COL O-6                                                                    |                                      |
| 19. LOCAL FILES:<br><input checked="" type="checkbox"/> PERSONNEL, <input checked="" type="checkbox"/> BASE/MILITARY POLICE, <input checked="" type="checkbox"/> MEDICAL, <input checked="" type="checkbox"/> SECURITY<br>WERE REVIEWED ON 18 May 76 AND REVEALED:<br><input checked="" type="checkbox"/> NO UNFAVORABLE INFORMATION<br><input type="checkbox"/> UNFAVORABLE INFORMATION SUMMARIZED IN "REMARKS" BELOW |                                           |                                                                                                       |                                      |
| 20. HISTORY OF GOVERNMENT EMPLOYMENT, CURRENT MILITARY SERVICE<br>INDICATED ON ATTACHED PERSONAL HISTORY FORM IS <input checked="" type="checkbox"/> CORRECT<br><input type="checkbox"/> PARTIALLY CORRECT <input type="checkbox"/> COULD NOT BE VERIFIED (If other than correct is checked, explain in remarks.)                                                                                                      |                                           |                                                                                                       |                                      |
| 21. PRIOR INVESTIGATION: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN<br>(If Yes, reflect type, when made, by whom, and file No.)<br>BI by ISAINTC completed 8 May 67, Doss SSAN; NAC by DODNACC completed 18 May 72; TS clr granted 22 May 72                                                                                                                 |                                           |                                                                                                       |                                      |
| 22. REMARKS: (Use Continuation Sheets as Required)<br>SCI access required in conjunction with duties as Brigade Commander. Para 11, DCID 1/14, applies.                                                                                                                                                                                                                                                                |                                           |                                                                                                       |                                      |
| 23. DESIRE ADVANCE NOTIFICATION OF NAC RESULTS:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                 |                                           |                                                                                                       |                                      |
| 24. ENCLOSURE(S)<br>DD Fm 398<br>DD Fm 1584, Subj<br>& 3 Co-subj<br>FD Fm 258<br>Educ & Med rel                                                                                                                                                                                                                                                                                                                        |                                           | 25. AUTHORIZED BY:<br><br>DCSA (b)(6), (b)(7)(C), (K)(2) DAC, Ch, Pers Scty,<br>G2/DSFG, AV 635, 3624 |                                      |
| 26. FORM 1815<br>1 MAY 75                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                       |                                      |

DIS NON-ACCEPTANCE STAMP

24 MAY 76 08:15 AM

PERSONNEL INVESTIGATIONS  
CONTACT CENTER

DEFENSE INVESTIGATIVE SERVICE  
PICC-Building 320  
Fort Holabird, Md 21219

REFER TO THIS CASE BY NAME IN CCN  
INVESTIGATION CLOSED

☒ BI ☒ SBI ☐ BI-BU ☐ SBI-BU ☐ LI

AUG 26

Attached documents forwarded for security determination.

DCSA (b)(6), (b)(7)(C), (K)(2)

LT COL USAF  
Director, PIC

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4 JUL 15 1978

|                                               |                                                              |                      |                       |
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| S/A <u>ANDREWS AFB</u>                        |                                                              |                      |                       |
| SEX<br>M                                      | SOCIAL SECURITY NO.<br><u>DCSA (b)(6), (b)(7)(C), (k)(2)</u> | FORMER MIL. TV. NO.  | BIRTH<br>37-04-05     |
|                                               |                                                              | DATE<br>10/21/61     | PLACE<br>NEW YORK, NY |
| TITLE<br>POWELL, COLIN LUTHER/COL, USA        |                                                              |                      |                       |

INTERVIEWEE CONTACTED HAD NO OBJECTION TO HIS IDENTITY BEING RELEASED TO THE SUBJECT.

#### REFERENCES

1. The following person provided only favorable information and recommended SUBJECT for a position of trust:

a. DCSA (b)(6), (b)(7)(C), (k)(2) U.S. Civil Service, 11771 North Shore Drive, Reston, VA 22090, listed reference, with daily contact as friend/former neighbor from 1955 to 1958 and from 1961 to 1962 at New York City, NY. During the period 1969 to 1976 (except during the period SUBJECT was in Korea, 1973-74), DCSA (b)(6), (b)(7)(C), (k)(2) has had two to three times yearly contact with SUBJECT.

#### FOREIGN CONNECTIONS

2. No information was developed regarding SUBJECT's foreign connections.

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DEPARTMENT OF DEFENSE — DEFENSE INVESTIGATIVE SERVICE  
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                                                                                                                                                      |                                               |
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| DIS REPORT OF INVESTIGATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | DATE<br>76-06-29                                                                                                                                                                                                                                                                                     |                                               |
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| SEX<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SOCIAL SECURITY NO.<br>[REDACTED] | FORMER MIL SV. NO.<br>1771                                                                                                                                                                                                                                                                           | BIRTH (DATE) (PLACE)<br>37-04-05 NEW YORK, NY |
| NITILE<br>POWELL, COLIN LUTHER/COL USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                                                                                                                                                                                                      |                                               |
| INTERVIEWEES/SCHOOLS, AGENCIES, FIRMS OR COMPANIES CONTACTED HAD NO OBJECTION TO THEIR IDENTITY BEING RELEASED TO THE SUBJECT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                      |                                               |
| EMPLOYMENT<br>1. THE FOLLOWING REFERENCES AT SUBJECT'S PRIOR DUTY STATION, PENTAGON, WASHINGTON, DC, PROVIDED ONLY FAVORABLE INFORMATION AND RECOMMENDED SUBJECT FOR A POSITION OF TRUST:<br>A. [REDACTED] ACTING DEPUTY ASSISTANT OSD MGR, 3013 CEDAR HILL ROAD, FALLS CHURCH, VA, WITH DAILY CONTACT AS SUPERVISOR FROM MID 1974 TO MID 1975.<br>B. [REDACTED] SECRETARY, 5851 QUANTRELL AVE, ALEXANDRIA, VA, WITH DAILY CONTACT AS PROFESSIONAL ASSOCIATE FROM SEP 74 TO MID 1975.                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                      |                                               |
| REFERENCES<br>2. THE FOLLOWING PERSONS PROVIDED ONLY FAVORABLE INFORMATION AND RECOMMENDED SUBJECT FOR A POSITION OF TRUST:<br>A. [REDACTED] SECRETARY, 1111 ARMY-NAVY DR, #A1006, ARLINGTON, VA, DEVELOPED REFERENCE, WITH DAILY CONTACT AS PROFESSIONAL ASSOCIATE FROM MID 1974 TO MID 1975 AT THE PENTAGON, ARLINGTON, VA.<br>B. [REDACTED] LTC/USA, 9008 CHICKAWANE COURT, ALEXANDRIA, VA, DEVELOPED REFERENCE WITH DAILY TO SPORADIC CONTACT AS PROFESSIONAL ASSOCIATE AND FRIEND FROM 1973 TO 1976 AT THE PENTAGON AND ENVIRONS AND OCCASIONAL TELEPHONIC CONTACTS AT FORT ORD, CA 1976 TO PRESENT. |                                   |                                                                                                                                                                                                                                                                                                      |                                               |
| FOREIGN CONNECTIONS<br>3. EMPLOYMENT REFERENCES GREENBERG AND WORN AND DEVELOPED REFERENCES MATTILIE AND BENSON, SUPRA, HAD NO KNOWLEDGE OF SUBJECT'S FOREIGN CONNECTIONS, IF ANY, TO INCLUDE HIS LISTED RELATIVES IN JAMAICA, W. I.                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                                                                                                                                      |                                               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                                                                                                                                                                                                                                            |              |
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| DIS REPORT OF INVESTIGATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | DATE: 76-06-29                                                                                                                                                                                                                                                                             |              |
| CODE: DISDC-FF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CONTROL: 76146-DO6-1236-1A7 | STATUS:                                                                                                                                                                                                                                                                                    |              |
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| SEA SOCIAL SECURITY NO: N 113-28-4024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FORMER MIL. SV. NO: 3771    | BIRTH (DATE) (GPC) (PLACE): 37-04-05 136-1                                                                                                                                                                                                                                                 | NEW YORK, NY |
| N TITLE: POWELL, COLIN LUTHER/COL USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                                                                                                                                                                                                                                                            |              |
| INTERVIEWEES/SCHOOLS, AGENCIES, FIRMS OR COMPANIES CONTACTED HAD NO OBJECTION TO THEIR IDENTITY BEING RELEASED TO THE SUBJECT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                                                                                                                                                                                                            |              |
| REFERENCE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                                                                                                                                                                                                            |              |
| 1. The following person provided only favorable information and recommended SUBJECT for a position of trust: (S/A [REDACTED])<br>a. [REDACTED] Housewife [REDACTED]<br>compensating reference; with monthly to every six months contact as friend of husband from 61 to 62 at MA, and from 69 to 73 and 74 to 76 at Manassas, Va.<br>b. Efforts to locate additional references were unsuccessful.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                                                                                                                                                                                                                                                                            |              |
| NEIGHBORHOOD INVESTIGATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                                                                                                                                                            |              |
| 2. A neighborhood investigation was conducted in the vicinity of 14605 DeSoto Ct., Woodbridge, Va. 22193, with the following results:<br>a. [REDACTED] Homemaker, [REDACTED]<br>verified that SUBJECT resided at the above address from Jan 73 when ROEDERER moved into the neighborhood to Sep 73 and from Sep 74 to Apr 76. ROEDERER, who had almost daily contact with SUBJECT as friend and neighbor from Jan 73 to Sep 73 and from Sep 74 to Apr 76, provided only favorable information and recommended SUBJECT for a position of trust.<br>b. [REDACTED] Homemaker, [REDACTED]<br>verified that SUBJECT resided at the above address from Feb 73 when RYAN moved into the neighborhood to the end of 73 and from the end of 74 to Apr 76. RYAN, who had daily contact with SUBJECT as friend and neighbor from Feb 73 to the end of 73 and from the end of 74 to Apr 76, provided only favorable information and recommended SUBJECT for a position of trust.<br>c. Reasonable efforts failed to locate an additional neighborhood reference who could have verified SUBJECT's residence from Sep 69. |                             |                                                                                                                                                                                                                                                                                            |              |
| 3. Records of Virginia Electric & Power Company (VEPCO), 1901 Reddy Dr., Woodbridge, Va. 22191, disclosed that SUBJECT received service at 14605 DeSoto Ct., Woodbridge, Va. 22193, from Sep 69 to Jun 76. Investigation in the vicinity of SUBJECT's address disclosed that SUBJECT left in Apr 76; however, SUBJECT's spouse and family remained until Jun 76.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                                                                                                                                                                                                                                            |              |
| 4. A review of Continental Telephone of Va. Directories for 69-70, 71, 72, 73, 74 and 75 and Hill's Woodbridge Directories disclosed that SUBJECT was listed as residing at 14605 DeSoto Ct., Woodbridge, Va. SPH reflects dates of residence as Sep 69 to Sep 73 and Sep 74 to Apr 76.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                                                                                                                                                            |              |
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| N. TITLE<br>POWELL COLIN LUTHER/COL USA |                               |                     |                            |

#### LOCAL AGENCY CHECK

5. Review of records at the following locations, servicing Woodbridge, Va., disclosed no information identifiable with SUBJECT: (S/A R. W. HUFF)
- Prince William County General District Court, Manassas, Va.
  - Prince William County Circuit Court, Manassas, Va.

#### FOREIGN CONNECTIONS

6. Investigation disclosed that SUBJECT has the following foreign connections:
- DCSA (b)(6), (b)(7)(C), (K)(2) fully identified under the REFERENCE caution in this report, stated that SUBJECT has relatives in Jamaica. (S/A DCSA (b)(6), (b)(7)(C), (K)(2))
  - DCSA (b)(6), (b)(7)(C), (K)(2) fully identified under the NEIGHBORHOOD INVESTIGATION caution in this report, verified that SUBJECT had relatives in Jamaica; however, DCSA (b)(6), (b)(7)(C), (K)(2) did not know the relationship, how frequently they had contact with SUBJECT; the type of contact, or how many relatives might be involved. DCSA (b)(6), (b)(7)(C), (K)(2) stated that any foreign connections of SUBJECT's would in no way make him or his family amenable to coercion, influence or pressure which may cause them to act against the best interests of the United States.

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| SEA                                           | SOCIAL SECURITY NO.            | FORMER MIL. SV. NO. | BIRTH (DATE) (PLACE)       |
| M                                             | DCSA (b)(6), (b)(7)(C), (k)(2) | 3771                | 37-04-05 NEW YORK CITY, NY |
| NI TITLE<br>POWELL, COLIN LUTHER/COL, US ARMY |                                |                     |                            |

1. SCHOOLS, AGENCIES, FIRMS  
COMPANIES CONTACTED HAD NO INDICATION  
OF THEIR IDENTITY BEING RELEASED TO THE  
JULY.

#### BIRTH

1. SUBJECT's date and place of birth was verified through education records located at GEORGE WASHINGTON UNIVERSITY, Washington, DC.

#### EDUCATION

2. Records of GEORGE WASHINGTON UNIVERSITY, Washington, DC, reflect SUBJECT attended from Fall 69 to Spring 71, excluding summer sessions and graduated with a MBA degree on 6 June 71. Transcripts in the records reflected prior attendance at City College of NY, graduate. Records contained no unfavorable information. Reasonable efforts failed to locate educational references.

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| DISSEMINATION<br>POWELL COLIN LUTHER<br>DCSA (D)(6), (D)(7)(C), (K)(2)<br>M [REDACTED] 3771-37/04/05-36<br>76146-006-1236-1A7 |                     | COPY TO             |                      |
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NOTE

LOCAL AGENCY CHECK

1. No attempt was made to conduct a records check at Metropolitan Police Department (MPD), Washington, DC, as investigative experience indicates that no information will be released without submission of MPD Form 70 (\_\_\_\_\_) signed by SUBJECT.

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|----------|-------------------------------------------------------|-----------------------------|--------------------------------|----------------------------|

NI TITLE  
POWELL, COLIN LUTHER/COL US ARMY

INTERVIEWEES/SCHOOLS, AGENCIES, FIRMS  
OR COMPANIES CONTACTED HAD NO OBJECTION  
TO THEIR IDENTITY BEING RELEASED TO THE  
SUBJECT.

NEIGHBORHOOD INVESTIGATION

1. A NEIGHBORHOOD INVESTIGATION WAS NOT CONDUCTED IN THE VICINITY OF SUBJECT'S LISTED RESIDENCE AT THE BOQ, FORT CAMPBELL, KY, FROM APR 76 TO MAY 76 BECAUSE OF THE TRANSIENT NATURE OF THE OCCUPANTS.

2. RECORDS OF BILLETING AND FAMILY HOUSING OFFICE, FORT CAMPBELL, KY, DISCLOSED THAT SUBJECT RESIDED AT THE FORT CAMPBELL, KY BOQ FROM 26 APR 76 TO 15 JUN 76. RECORDS FURTHER REFLECTED SUBJECT WAS ASSIGNED FAMILY QUARTERS AT 1560 COLE PARK, FORT CAMPBELL, KY, EFFECTIVE 07 JUN 76.

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| NITITLE<br>POWELL, COLIN LUTHER/COL, USA                               |                                                         |                             |                                                      |

INTERVIEWEES/SCHOOLS, AGENCIES, FIRMS  
OR COMPANIES CONTACTED HAD NO OBJECTION  
TO THEIR IDENTITY BEING RELEASED TO THE  
SUBJECT.

#### BIRTH

1. SUBJECT'S date and place of birth were not verified as no records were found which contained this information. (SPH reflects date and place of birth as 5 Apr 37 at New York City, NY.)

#### NEIGHBORHOOD INVESTIGATION

2. A neighborhood investigation was not conducted in the vicinity of SUBJECT'S listed residence at 1342C Stonleigh Ct, Leavenworth, KS, from Jun 67 to Jul 68 because these apartments were predominately rented to student officers from Ft Leavenworth, KS and the classes change each year.

3. Rental records of the KLOTZ AGENCY, 211 S. 4th St., Leavenworth, KS, disclosed that SUBJECT resided at 1342C Stonleigh Ct, Leavenworth, KS from 24 Jul 67 to 10 Jun 68. (SPH reflects dates of residence as Jun 67 to Jul 68.)

#### LOCAL AGENCY CHECK

4. Review of records at the following locations disclosed no information identifiable with SUBJECT:

- a. POLICE DEPT, Leavenworth, KS.
- b. LEAVENWORTH COUNTY SHERIFF'S OFFICE, Leavenworth, KS.

The above agencies service Ft Leavenworth, KS.

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|                                                    |                |                                                                                                                                                                                                                                                                                                        |         |
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| ROI                                                | PAGE<br>1 LAST | AMS                                                                                                                                                                                                                                                                                                    | WAD RGM |



AUG 20 1976

|                             |                                                      |                     |                                                          |
|-----------------------------|------------------------------------------------------|---------------------|----------------------------------------------------------|
| DIS REPORT OF INVESTIGATION |                                                      | DATE<br>76-08-17    | INIT: 76160                                              |
| CODE<br>D41AG               | CONTROL<br>76146-DO6-1236-1A7                        | STATUS<br>RUC       | ADD: 76208                                               |
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NI TITLE  
POWELL, COLIN LUTHER/COL USA

INTERVIEWER/SCHOOLS, AGENCIES, FIRMS  
OR COMPANIES CONTACTED HAD NO OBJECTION  
TO THEIR IDENTITY BEING RELEASED TO  
THE SUBJECT.

INVESTIGATIVE ACTIVITY

The interview set forth below contains no unfavorable information.  
Interviewee recommended Subject for a position of trust.

INTERVIEW

1. LISTED REFERENCE - [REDACTED] Commanding Officer, 2nd  
Bn, 1st Bct, 3de, Ft Gordon, GA; with daily contact as friends from  
1958 to 1959 at Ft Benning, GA, and infrequent contact as friends  
from 59 to present.

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|                                  |        |                                                                                                                                                                                                                                                                                       |        |
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| DIS REPORT OF INVESTIGATION                                                                                                                                                                                              |                     |                     |                                                                                                                                                                                                                                                                                           | DATE 7 JULY 76 |               |
| CODE DD822                                                                                                                                                                                                               |                     | CONTROL 7612A 1236  |                                                                                                                                                                                                                                                                                           | STATUS         |               |
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| POWELL COLIN L.                                                                                                                                                                                                          |                     |                     |                                                                                                                                                                                                                                                                                           |                |               |
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| NI TITLE                                                                                                                                                                                                                 |                     |                     |                                                                                                                                                                                                                                                                                           |                |               |
| <p>CREDIT</p> <p>REVIEW OF CREDIT BUREAU RECORDS COVERING THE FOLLOWING LOCATIONS</p> <p>DISCLOSED NO UNFAVORABLE INFORMATION-</p> <p><b>DCSA: Best Copy Available</b></p> <p>WOODBIDGE, VA.</p> <p>WASHINGTON, D.C.</p> |                     |                     |                                                                                                                                                                                                                                                                                           |                |               |
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|                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                             |                      |             |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------|----------------------|-------------|---------|
| REPORT OF NAC/ENTNAC                                                                                                                                                                                                                                                                                                       |                                   | DATE<br>76/08/23                                                                            |                      | 761731866   |         |
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| NI TITLE<br>POWELL COLIN LUTHER                                                                                                                                                                                                                                                                                            |                                   |                                                                                             |                      |             |         |
| <p>NAC CONDUCTED, INCLUDING DCII CHECK.</p> <p>THE FOLLOWING AGENCIES WERE CHECKED WITH FAVORABLE RESULTS.</p> <ul style="list-style-type: none"> <li>FBI - HEADQUARTERS</li> <li>FBI - IDENT. DIV. FINGERPRINT CHECK</li> </ul> <p>CHALMERS F. REA, LT COLONEL, USAF<br/>DIRECTOR<br/>PERSONNEL INVESTIGATIONS CENTER</p> |                                   |                                                                                             |                      |             |         |
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| REPORT OF MAC/ENTNAC                  |                                   | DATE    | 761703282 |    |
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**NY T134-R**

DCSA (b)(6), (b)(7)(C), (k)(2)

NZ JOHNSON ALMA VIVIAN

AGENCIES CHECKED PER YOUR REQUEST, INCLUDING DCII CHECK.  
STANDING ALONE THESE CHECKS MAY NOT CONSTITUTE A NAC.

THE FOLLOWING AGENCIES WERE CHECKED WITH FAVORABLE RESULTS.

FBI - HEADQUARTERS

CHALMERS F. REA, LT COLONEL, USAF  
DIRECTOR  
PERSONNEL INVESTIGATIONS CENTER

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| <b>RON</b>            | <b>I LAST</b> |  |  |  |  | BY DISCLOSURE TO THE APPROPRIATE AGENCIES AND/OR INDIVIDUALS. |  |  |  |  |  |  |  |  |  |
|                       |               |  |  |  |  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          |  |  |  |  |  |  |  |  |  |

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DEPARTMENT OF DEFENSE — DEFENSE INVESTIGATIVE SERVICE

DEPARTMENT OF DEFENSE INVESTIGATIVE  
STANDARD SYSTEM DOCUMENT DISFORM 1/19/73







| 11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)                                                                                                                                                                                                                                                                                         |             |                                                |                                 |                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------|---------------------------------|--------------------|--|
| RELATIONSHIP AND NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AGE         | OCCUPATION                                     | ADDRESS                         | CITIZENSHIP        |  |
| Aunt - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 72          | Dressmaker                                     | DCSA (b)(6), (b)(7)(C), (k)(2)  | Jamaican           |  |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 41          | Teacher                                        |                                 | Jamaican           |  |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 36          | Housewife                                      |                                 | Jamaican           |  |
| Aunt-Doris - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 61          | Teacher                                        |                                 | Jamaican           |  |
| 1st Cousin - DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 29          | Teacher                                        |                                 | Jamaican           |  |
| (Continuation - see item #20)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                |                                 |                    |  |
| 12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                |                                 |                    |  |
| DATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | COUNTRY(IES)                                   | PURPOSE OF TRAVEL               |                    |  |
| FROM -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO -        |                                                |                                 |                    |  |
| Sep 63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sep 63      | Hong Kong P.C.                                 | R & R (4 days)                  |                    |  |
| Jul 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Aug 61      | Jamaica, WI                                    | Visit (2 weeks)                 |                    |  |
| UNK 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | UNK 60      | Luxembourg                                     | Visit (2 days)                  |                    |  |
| Mar 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mar 60      | Austria                                        | Visit (3 days)                  |                    |  |
| 13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                |                                 |                    |  |
| MONTH AND YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | NAME AND ADDRESS OF EMPLOYER                   | NAME OF IMMEDIATE SUPERVISOR    | REASON FOR LEAVING |  |
| FROM -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO -        |                                                |                                 |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | Subject has been on active duty                |                                 |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | in the U.S. Army for the past                  |                                 |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 15 years                                       |                                 |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | (See continuation sheet)                       |                                 |                    |  |
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| DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HAVE YOU EVER BEEN REFUSED BOND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20 |             |                                                | SOCIAL SECURITY NO. 113-28-4024 |                    |  |
| 14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories)                                                                                                                                                                                                                                                                                                                                                              |             |                                                |                                 |                    |  |
| NAME (List 3 credit and 3 character)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YEARS KNOWN | STREET AND NUMBER (Business address preferred) | CITY                            | STATE OR TERRITORY |  |
| Maxine Midland Natl Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 61-76       | Main Street                                    | Highland Falls                  | NY 10928           |  |
| Sears Roebuck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 69-76       | Landmark Shopping Center                       | Alexandria                      | VA 22304           |  |
| BankAmericard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 69-76       | Bank of Virginia                               | Richmond                        | VA unk ZIP         |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 61-76       |                                                | Fairfax                         | VA 22030           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 72-76       |                                                | Arlington                       | VA 22204           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 72-76       |                                                | Woodbridge                      | VA 22191           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 53-76       |                                                | Pt Gordon                       | GA 30905           |  |



| LIST ALL RESIDENCES FROM 1 JANUARY 1957 |         |    |                                |             |                  |
|-----------------------------------------|---------|----|--------------------------------|-------------|------------------|
| DATE                                    | FROM    | TO | STREET AND NUMBER              | CITY        | STATE OR COUNTRY |
| Apr. 76                                 | Present |    | BOQ(HHC, 2d Bde, 101st Abn Div | Ft Campbell | KY 42223         |
| Sep. 74                                 | Apr. 76 |    | 14605 Denoto Ct                | Woodbridge  | VA 22193         |
| Sep. 73                                 | Sep. 74 |    | BOQ(2d Inf Div)                | Camp Casey  | Korea            |
| Sep. 69                                 | Sep. 73 |    | 14605 Denoto Ct                | Woodbridge  | VA 22193         |
| Jul. 68                                 | Sep. 69 |    | BOQ(HQS, 23d Inf Div)          | Chu Lai     | RVN              |
| Jun. 67                                 | Jul. 68 |    | 1342c, Stoneleigh Ct           | Leavenworth | KN 66027         |
| Jun. 64                                 | Jun. 67 |    | 172A, Arrowhead Rd             | Ft Benning  | GA 31905         |
| Jan. 64                                 | Jun. 64 |    | 805 28th Ave                   | Phenix City | AL 30907         |
| Dec. 62                                 | Jan. 64 |    | HAAG                           | Quang Tri   | RVN 196375       |
| Aug. 62                                 | Dec. 62 |    | 372 Marlboro St.               | Boston      | MA 01432         |
| Jan. 61                                 | Aug. 62 |    | BOQ(HQS, 2d Inf Bde)           | Ft Devens   | MA 01433         |

| PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS         |                                                |             |            |         |
|---------------------------------------------------------|------------------------------------------------|-------------|------------|---------|
| NAME AND ADDRESS                                        | TYPE<br>(Social, fraternal, professional, etc) | OFFICE HELD | MEMBERSHIP |         |
|                                                         |                                                |             | FROM       | TO      |
| Perahing Rifles, City College of New York               | Social/Fraternal                               | President   | 1955       | Present |
| AUSA                                                    | Professional                                   | None        | 1960       | Present |
| Houso Plan, City College of NY                          | Social                                         | President   | 1954       | 1955    |
| White House Fellows Alumni Assoc. - White House WA D.C. | Professional                                   | None        | 1973       | Present |

| YES                                 | NO                       | QUESTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?                                                                                                                                                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?                                        |

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

| YES                      | NO                                  | QUESTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, IN CITIC, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$5, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.



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|                                                                                                              |                   |                                |     |
|--------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|-----|
| Sister                                                                                                       | 1 Sep 1931        | DCSA (b)(6), (b)(7)(C), (k)(2) | YES |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                               | New York City, NY |                                | X   |
| Married to spouse 25 Aug 62 at Birmingham, AL; marriage recorded at Jefferson Co Courthouse, Birmingham, AL. |                   |                                |     |
| Item #11 Cont'd                                                                                              |                   |                                |     |

| <u>Relationship &amp; Name</u> | <u>Age</u> | <u>Occupation</u> | <u>Address</u> | <u>Citizenship</u> |
|--------------------------------|------------|-------------------|----------------|--------------------|
| 1st Cousin- [REDACTED]         | 26         | Civil Servant     | [REDACTED]     |                    |
| Aunt [REDACTED]                | 57         | Housewife         | [REDACTED]     | Jamaican           |
| Aunt [REDACTED]                | 72         | Housewife         | [REDACTED]     | Jamaican           |
| Aunt [REDACTED]                | 74         | Housewife         | [REDACTED]     | Jamican            |
|                                |            |                   |                | Jamaican           |

(See Continuation Sheet)

|           |                                                        |  |                                |  |
|-----------|--------------------------------------------------------|--|--------------------------------|--|
| DATE      | SIGNATURE OF PERSON COMPLETING FORM                    |  | SIGNATURE OF WITNESS           |  |
| 11 May 76 | [Signature]                                            |  | [Signature]                    |  |
|           | TYPE NAME AND ADDRESS OF WITNESS                       |  |                                |  |
|           | DCSA (b)(6), (b)(7)(C), (k)(2)<br>HHC, Div (Air Asst.) |  | DCSA (b)(6), (b)(7)(C), (k)(2) |  |

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

SUBJECT'S DUTIES REQUIRE ACCESS TO SENSITIVE COMPARTMENTED INFORMATION.

RECORD OF PRIOR CLEARANCES

| DATE OF CLEARANCE | TYPE OF CLEARANCE | AGENCY THAT COMPLETED INVESTIGATION                                                 |
|-------------------|-------------------|-------------------------------------------------------------------------------------|
| 22 May 1972       | TOP SECRET        | BI completed 8 May 1967 by USAINTC, Does SSAN<br>NAC completed 18 May 72 by DODNACC |
|                   |                   |                                                                                     |
|                   |                   |                                                                                     |

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10241550, 2016

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2. Learning Objectives (What do you want to achieve?)



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COLIN LUTHER POWELL  
COLONEL 113-28-4024

Continuation Sheet--DD Form 398

Item #20

Item #11 Cont'd

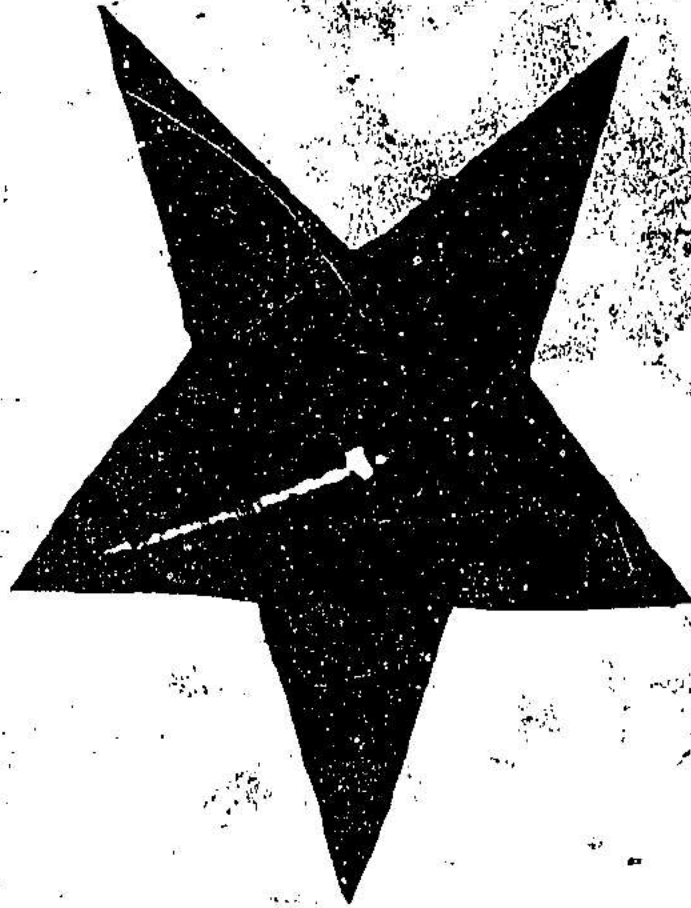
| <u>RELATIONSHIP &amp; NAME</u>            | <u>AGE</u> | <u>OCCUPATION</u> | <u>ADDRESS</u>                 | <u>CITIZENSHIP</u> |
|-------------------------------------------|------------|-------------------|--------------------------------|--------------------|
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 48         | Businessman       | DCSA (b)(6), (b)(7)(C), (k)(2) |                    |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 42         | Engineer          |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 36         | Trucker           |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 39         | Engineer          |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 46         | Civil Service     |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 44         | Store Keeper      |                                | Jamaican           |
| Aunt-DCSA (b)(6), (b)(7)(C), (k)(2)       | 72         | Housewife         |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 48         | Businessman       |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 46         | Nurse             |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 34         | Housewife         |                                | Jamaican           |
| Uncle-DCSA (b)(6), (b)(7)(C), (k)(2)      | 69         | Store Manager     |                                | Jamaican           |
| Aunt-DCSA (b)(6), (b)(7)(C), (k)(2)       | 66         | Housewife         |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 43         | Housewife         |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 41         | Stenographer      |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 38         | Clerk             |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 36         | Clerk             |                                | Jamaican           |
| 1st Cousin-DCSA (b)(6), (b)(7)(C), (k)(2) | 34         | Clerk             |                                | Jamaican           |

Item #13 Cont'd

Required Security Clearance as Commissioned Officer



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1 OCT 64

REPLACES EDITION OF 1 JUL 63 WHICH IS OBSOLETE EFFECTIVE 1 JUL 66

G-678-7



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DEPARTMENT of DEFENSE  
DEFENSE INVESTIGATIVE SERVICE



FILE NO:

POWELL COLIN LUTHER

DCSA (b)(6), (b)(7)(C), (k)(2)

M 37/04/05 36  
83276-DR5-1559-10C

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SPECIAL INSTRUCTIONS: **DCSA: Best Copy Available**

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Date Acquired 19 OCT 1983

Signature

DCSA (b)(6), (b)(7)(C), (k)(2)

RETAIN FOR: 60 Days 1 Year 15 Yr. 25-Yr. Perm.

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IF CLASSIFIED DOD DIR 5200.1 APPLIES

DIS Form 3  
Jul 78

Replaces DIS Form 3, Jul 77, which is obsolete.

RETENTION CONTROL SHEET



|                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                           |
|----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|
| REQUEST FOR PERSONNEL SECURITY INVESTIGATION                                                                               |  | ATC 18                                                                                                                                                                                                                                                                                                                                                                                                                                       | NUMBER OF PAGES: 1 | DATE OF REQUEST: 7 Apr 83 |
| 1. FROM: HQ CAC & Ft Leavenworth<br>ATZL-OPS-SE<br>Ft Leavenworth, KS 66027                                                |  | 2. THIS REQUEST IS FOR:                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                           |
| TO: Personnel Investigations Control Center<br>Defense Investigative Service<br>P. O. Box 902<br>Baltimore, Maryland 21203 |  | <input type="checkbox"/> LIMITED INQUIRY<br><input type="checkbox"/> BACKGROUND INVESTIGATION (BII)<br><input type="checkbox"/> SPECIAL BACKGROUND INVESTIGATION (SBI)<br><input type="checkbox"/> BI BRING-UP<br><input checked="" type="checkbox"/> SBI BRING-UP<br><input type="checkbox"/> OTHER (Specify in Remarks)                                                                                                                    |                    |                           |
| 3. RETURN RESULTS TO: Security Division<br>Wash. HQ Services<br>Rm. 3B347, Pentagon Facility<br>Wash. DC 20305             |  | 4. REASON FOR INVESTIGATION:                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                           |
|                                                                                                                            |  | <input checked="" type="checkbox"/> ACCESS TO MATERIAL CLASSIFIED<br><input type="checkbox"/> NUCLEAR WEAPON POSITION<br><input type="checkbox"/> IMMIGRANT ALIEN CLEARANCE<br><input type="checkbox"/> REQUIREMENT<br><input checked="" type="checkbox"/> SENSITIVE COMPARTMENTED INFORMATION<br><input type="checkbox"/> SIOP-ESI<br><input type="checkbox"/> PRESIDENTIAL SUPPORT<br><input type="checkbox"/> OTHER (Continue in Remarks) |                    |                           |

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SUPPORTING SSO: Ft Leavenworth

|                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                             |              |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|--------------|---------|
| 83278 DR5 1559 IDC DA 000000                                                                                                                                                                                                                                                                                                                                                                      |                                   |                             |              |         |
| 1. NAME (Last, First-Middle, Last Name only in Capital): POWELL, Colin Luther                                                                                                                                                                                                                                                                                                                     |                                   |                             |              |         |
| 2. OTHER NAMES USED OR KNOWN BY (Continue in Remarks): None                                                                                                                                                                                                                                                                                                                                       |                                   |                             |              |         |
| 3. DATE OF BIRTH (T-M-D): 37-04-05                                                                                                                                                                                                                                                                                                                                                                | 4. DCSA (b)(6), (b)(7)(C), (K)(2) | 5. FORMER SERVICE NO. 12 36 | 6. GRADE: GF | 7. A: A |
| 8. PLACE OF BIRTH (City, State): New York City, NY                                                                                                                                                                                                                                                                                                                                                | 9. SERVICE: USA RA                | 10. RANK/RATE/GRADE: BG(P)  | 11. 07       | 12. 07  |
| 13. LOCAL FILES:                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                             |              |         |
| <input checked="" type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> SASE <input type="checkbox"/> MILITARY POLICE <input type="checkbox"/> MEDICAL <input type="checkbox"/> SECURITY<br>HERE REVIEWED ON 7 Apr 83 AND REVEALED:<br><input checked="" type="checkbox"/> NO UNFAVORABLE INFORMATION<br><input type="checkbox"/> UNFAVORABLE INFORMATION SUMMARIZED IN "REMARKS" BELOW |                                   |                             |              |         |
| 14. HISTORY OF GOVERNMENT EMPLOYMENT, CURRENT MILITARY SERVICE:                                                                                                                                                                                                                                                                                                                                   |                                   |                             |              |         |
| INDICATE ON ATTACHED PERSONAL HISTORY FORM IS <input checked="" type="checkbox"/> CORRECT<br><input type="checkbox"/> PARTIALLY CORRECT <input type="checkbox"/> COULD NOT BE VERIFIED. (If other than correct is checked, explain in Remarks)                                                                                                                                                    |                                   |                             |              |         |
| 15. PRIOR INVESTIGATION: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN<br>(If Yes, reflect type, when made, by whom, and file No.)                                                                                                                                                                                                         |                                   |                             |              |         |
| SBI/26 Aug 76/DIS                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                             |              |         |
| 16. REMARKS: Investigation required by DCID 1-14 for access to SCI. Copy of all previous investigations is required. XXXXXXXX No personal interview required. THIS IS A PERIODIC REINVESTIGATION.                                                                                                                                                                                                 |                                   |                             |              |         |
| DESIRE ADVANCE NOTIFICATION OF MAC RESULTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                   |                                   |                             |              |         |
| 17. ENCLOSURES: 1. DD Form 398(5)<br>2. DD Form 1584(4a)<br>3. DD Form 2221(1)<br>4. FD258(2)                                                                                                                                                                                                                                                                                                     |                                   |                             |              |         |
| 18. AUTHORIZED BY: DCSA (b)(6), (b)(7)(C), (K)(2)<br>AV552-3687<br>DAC CH SEC DIV DCSOPS                                                                                                                                                                                                                                                                                                          |                                   |                             |              |         |

DIS NON-ACCEPTANCE STAMP

19 OCT 1983

DEFENSE INVESTIGATIVE SERVICE  
PICC BUILDING 320  
P. O. BOX 902  
BALTIMORE, MD. 21203

INVESTIGATION CLOSED.  
☐ BI ☐ SBI ☐ BI-BU ☐ SBI-BU ☐ LI  
 Added Coverage  
 Attached documents forwarded for security.

B. Lee  
for THOMAS E. EWALD  
DIRECTOR, PICC





DEPARTMENT OF DEFENSE  
WASHINGTON, HEADQUARTERS SERVICES  
WASHINGTON, D.C. 20301

22 SEP 1983

(Personnel & Security)

**DCSA: Best Copy Available**

MEMORANDUM FOR CHAIRMAN PROGRAM MANAGEMENT DIVISION, DEFENSE INVESTIGATIVE SERVICE

SUBJECT: 1. Major General Colin L. Powell, Military Assistant to the Secretary of Defense; DIS Case Number 83118-DR5-1569-103  
2. DCSA (b)(6), (b)(7)(C), (k)(2) Presidential Management Intern, (PMI); DIS Case Number 83201-DR3-0543-1B1

As per our telephone conversation of 16 September 1983 regarding the above cases, we are forwarding to you the respective initial DD 1879s for reopening of these cases by DIS.

In the case of Major General Powell it is requested that employment and developed reference coverage for the period of investigation be completed to conform with SBI-BU requirements. Due to the sensitivity of General Powell's position, it is also requested that DIS not attempt any additional interviews at this time with General Powell and that the required leads be completed as soon as possible.

In respect to the DCSA (b)(6), (b)(7)(C), (k)(2) case: it is our request that DIS reopen the case and run the education lead at Columbia University (CU), New York City to verify that DCSA (b)(6), (b)(7)(C), (k)(2) has a MPA as claimed on her DD Form 398 (SPH) of 13 June 1982. As we discussed, we have received conflicting writeups pertaining to the subject's claimed education. In the DIS Report of Investigation (ROI), 5 August 1983 from D42 AS, subject's claimed education at the University of Texas, Austin, and claimed BA degree were verified, where the CU education writeup ROI of 31 August 1983 (D14 NY) only verified that subject attended CU for the claimed period. In the case of PMI's, appointees and other persons in the OSD, verification of claimed education and degrees is essential before cases can be presented for OSD adjudication.

Thank you for your consideration in this matter; attached are copies of the DIS ROIs referred to in the Koppelman case.

DCSA (b)(6), (b)(7)(C), (k)(2)

Special Investigator

Attachments:

1. DD 1879 pertaining to Major General Powell
2. DD 1879 pertaining to DCSA (b)(6), (b)(7)(C), (k)(2)
3. DIS ROI 5 August 1983 (D42 AS)
4. DIS ROI 31 August 1983 (D14 NY)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                     |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------|-----------------------------------------------------|
| DIS REPORT OF INVESTIGATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | DATE<br>13 OCT 83   | INIT: 83280                                         |
| CODE<br>D32KC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CONTACT<br>83278-DR5-1559-1DC                         | STATUS<br>RUC       |                                                     |
| DISTRIBUTION<br>D0600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | COPY TO             |                                                     |
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| MADE BY<br>S/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                     |                                                     |
| SEX<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SOCIAL SECURITY NO.<br>DCSA (b)(6), (b)(7)(C), (k)(2) | FORMER MIL. SV. NO. | BIRTH (DATE) (GPC) (PLACE)<br>5 APR 37 NEW YORK, NY |
| NI TITLE<br>POWELL, COLIN LUTHER/BG (P), USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                     |                                                     |
| <p>INVESTIGATIVE RESULTS</p> <p>THE RECORD CHECK(S) AND INTERVIEW(S) AS APPROPRIATE, WERE FAVORABLE AND INTERVIEW(S) RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLES. OTHERWISE INDICATED.</p> <p>EMPLOYMENT REFERENCES</p> <p>1. DCSA (b)(6), (b)(7)(C), (k)(2) Capt, USA, Aide-de-Camp, US Army Combined Arms Combat Development Activity (CACDA), Ft Leavenworth, KS 66027, with daily contact as Subject's Aide-de-Camp from Aug 82 to Jun 83.</p> <p>2. DCSA (b)(6), (b)(7)(C), (k)(2) LTC, USA, Executive Officer, CACDA, Ft Leavenworth, KS 66027, with daily contact as a co-worker from Aug 82 to Jun 83.</p> <p>DEVELOPED REFERENCES</p> <p>3. DCSA (b)(6), (b)(7)(C), (k)(2) Col, USA, 205 Sherman Ave, Ft Leavenworth, KS 66027, with daily contact as a staff officer from Aug 82 to Jun 83.</p> <p>4. Richard A Burke, Col, USA, 624 Scott, Ft Leavenworth, KS 66027, with daily contact as a staff officer and neighbor from Aug 82 to Jun 83.</p> |                                                       |                     |                                                     |
| CLASSIFICATION<br>FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       | WARNING             |                                                     |
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| PAGE<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LAST                                                  | MLN                 | DER RHE                                             |



11 APR 1983

|                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|
| 1. REQUEST FOR PERSONNEL SECURITY INVESTIGATION                                                                                                                                                                                                                                                                                      |  | 2. CODE<br>ATC 18                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3. REQUEST FILE NO.<br>UNTERZ | 4. DATE OF REQUEST<br>7 Apr 83 |
| 5. FROM: HQ CAC & Ft. Leavenworth<br>ATZL-OPS-SE<br>Ft Leavenworth, KS 66027                                                                                                                                                                                                                                                         |  | 6. THIS REQUEST IS FOR: (Check one)<br><input type="checkbox"/> LIMITED INQUIRY<br><input type="checkbox"/> BACKGROUND INVESTIGATION (BI)<br><input type="checkbox"/> SPECIAL BACKGROUND INVESTIGATION (SBI)<br><input type="checkbox"/> SBI BRING-UP (SBI BRU)<br><input checked="" type="checkbox"/> OTHER (Specify in Remarks)                                                                                                                                   |                               |                                |
| 7. TO: Personnel Investigations Control Center<br>Defense Investigative Service<br>P. O. Box 454<br>Baltimore, Maryland 21203                                                                                                                                                                                                        |  | 8. REASON FOR INVESTIGATION:<br><input checked="" type="checkbox"/> RECLASSIFIED MATERIAL (Top Secret)<br><input type="checkbox"/> NUCLEAR WEAPON POSITION<br><input type="checkbox"/> IMMIGRANT ALIEN CLEARANCE REQUIREMENTS<br><input type="checkbox"/> SENSITIVE COMPARTMENTED INFORMATION<br><input type="checkbox"/> DISSEM. OF SENSITIVE INFORMATION<br><input type="checkbox"/> PRESIDENTIAL SUPPORT<br><input type="checkbox"/> OTHER (Continue in Remarks) |                               |                                |
| 9. RETURN RESULTS TO: (Include ZIP Code)<br>Commander<br>US Army Central Clearance Facility<br>ATTN: PCCF-PR<br>Ft Meade, MD 20755                                                                                                                                                                                                   |  | 10. DO NOT COMPLETE - BLOCKS CIRCUMSCRIBED BY HEAVY BLACK LINE ARE FOR DIS INTERNAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                        |                               |                                |
| 11. SUPPORTING SSO: Ft Leavenworth                                                                                                                                                                                                                                                                                                   |  | 12. DO NOT COMPLETE - BLOCKS CIRCUMSCRIBED BY HEAVY BLACK LINE ARE FOR DIS INTERNAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                        |                               |                                |
| 13. NAME (Last-First-Middle) (Last Name only in Capital)<br>POWELL, Colin Luther                                                                                                                                                                                                                                                     |  | 14. DATE OF BIRTH (Y-M-D)<br>37-04-05                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |
| 15. OTHER NAMES USED OR KNOWN BY (Continue in Remarks)<br>None                                                                                                                                                                                                                                                                       |  | 16. FORMER SERVICE NO. (If any)<br>36 GF A 07                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                |
| 17. PLACE OF BIRTH (City, State)<br>New York City, NY                                                                                                                                                                                                                                                                                |  | 18. SERVICE<br>USA RA                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |
| 19. RANK/RATE/GRADE<br>BG(P) 07                                                                                                                                                                                                                                                                                                      |  | 20. DIS NON-ACCEPTANCE STAMP<br>NO DIS NON-ACCEPTANCE STAMP                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                |
| 21. PERSONNEL, <input checked="" type="checkbox"/> BASE/MILITARY POLICE, <input type="checkbox"/> MEDICAL, <input type="checkbox"/> SECURITY<br>WERE REVIEWED ON 7 Apr 83 (Date)<br><input checked="" type="checkbox"/> NO UNFAVORABLE INFORMATION<br><input type="checkbox"/> UNFAVORABLE INFORMATION SUMMARIZED IN "REMARKS" BELOW |  | 22. HISTORY OF GOVERNMENT EMPLOYMENT, CURRENT MILITARY SERVICE, ...<br>INDICATED ON ATTACHED PERSONAL HISTORY FORM IS <input checked="" type="checkbox"/> CORRECT<br><input type="checkbox"/> PARTIALLY CORRECT <input type="checkbox"/> COULD NOT BE VERIFIED. (If other than correct is checked, explain in remarks.)                                                                                                                                             |                               |                                |
| 23. PRIOR INVESTIGATION: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN<br>(If Yes, reflect type, when made, by whom, and file No.)<br>SBI/26 Aug 76/DIS                                                                                                                       |  | 24. REMARKS: (Use Continuation of Remarks for additional information)<br>Investigation required by DCID 1-14 for access to SCI. Copy of all previous investigations is required. XXXXXXXX No personal interview required. THIS IS A PERIODIC REINVESTIGATION.<br>PR                                                                                                                                                                                                 |                               |                                |
| 25. DESIRE ADVANCE NOTIFICATION OF NAC RESULTS:<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                               |  | 26. ENCLOSURE (If any)<br>1. DDFm398(5)<br>2. DDFm1584(4ea)<br>3. DDFm2221(1)<br>4. FD258(2)                                                                                                                                                                                                                                                                                                                                                                        |                               |                                |
| 27. AUTHORIZED BY:<br>DCSA (b)(6), (b)(7)(C), (K)(2)<br>AY552-3687<br>DAC CH SEC DIV DCSOPS                                                                                                                                                                                                                                          |  | 28. REFER TO THIS CASE BY "NAME-SSN-CCN"<br>"PICC BUILDING 320"<br>"O. BOX 902"<br>"BALTIMORE, MD. 21203"<br>INVESTIGATION CLOSED.<br><input type="checkbox"/> BI <input type="checkbox"/> SBI <input type="checkbox"/> 31-BU <input type="checkbox"/> SBI-BU <input type="checkbox"/> LI<br>Attached document forwarded for security termination.<br>B. Lee<br>THOMAS E. FALD<br>DIRECTOR, PICC                                                                    |                               |                                |

DD FORM 1879

FOR OFFICIAL USE ONLY





DEPARTMENT OF DEFENSE  
WASHINGTON, HEADQUARTERS SERVICES  
WASHINGTON, D.C. 20301

(Personnel & Security)

**DCSA: Best Copy Available**

MEMORANDUM FOR DEFENSE INVESTIGATIVE SERVICE

ATTN: D0620  
P. O. Box 1211  
Baltimore, Maryland 21203

SUBJECT: POWELL, Colin Luther - BG, USA  
DPOB: 5 April 1937, New York, New York  
SSN: [REDACTED]

Colin L. Powell is the subject of an investigation being conducted by Defense Investigative Service under file number 83-118-DRS-1569-1D3.

BG Powell has been assigned to the Office of the Secretary of Defense and it is requested that a copy of the Background Investigation be furnished this office upon completion.

DCSA (b)(6), (b)(7)(C), (k)(2)

*J* Chief, Security Division



DEFENSE INVESTIGATIVE SERVICE  
PERSONNEL INVESTIGATIONS CENTER  
P. O. BOX 434  
BALTIMORE, MARYLAND 21201

DATE

POWELL, COLIN LUTHER

DCSA (b)(6), (b)(7)(C), (b)(2)

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M 83118-DR5-1569-103

37/04/05 36

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ITEMS CHECKED ARE APPLICABLE

- ☒ Results of investigation are attached. This matter is ☐ pending ☒ closed.
- ☒ Background/Special Background Investigation completed by \_\_\_\_\_ on \_\_\_\_\_ a copy of that investigation is required, advise Investigative File Division.
- ☒ Results of prior investigation, copy attached, 76DDIS 146 D0612361A7 ET
- ☒ DIS/DCSI records reflect NAC/FBI-NAC completed favorably.
- ☒ Files of FBI-10 were checked by name only as subject's fingerprints could not be classified. If completion of a NAC is required submit properly completed fingerprint card, DD Form 7584 (completed through item 7 and marked "NAC FBI-10") and completed DD Form 1574 to DIS, P.O. Box 434, Baltimore, MD 21201.
- ☒ SF 74 was submitted to DPM. You are required to submit one copy of SF 74 to OPM within the time frame specified in your department/agency directives. If this report is returned to DIS for additional investigation you are required to submit SF 74 in duplicate to OPM bearing the notation "Resubmitted for further investigation."

REMARKS:



|                                               |                                                       |                     |                                                          |
|-----------------------------------------------|-------------------------------------------------------|---------------------|----------------------------------------------------------|
| DIS REPORT OF INVESTIGATION                   |                                                       | DATE<br>1 JUN 83    | INIT: 83125                                              |
| CODE<br>D32KC                                 | CONTROL<br>8311F-DR5-1569-1D3                         | STATUS<br>RUC       |                                                          |
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| SEX<br>M                                      | SOCIAL SECURITY NO.<br>DCSA (b)(6), (b)(7)(C), (K)(2) | FORMER MIL. SV. NO. | BIRTH (DATE) (GPC) (PLACE)<br>5 APR 37 NEW YORK CITY, NY |
| IN TITLE<br>POWELL, COLIN LUTHER/BG, USA      |                                                       |                     |                                                          |

#### INVESTIGATIVE RESULTS

THE RECORD CHECK(S) AND INTERVIEW(S) AS APPROPRIATE, WERE FAVORABLE AND INTERVIEWEE(S) RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLESS OTHERWISE INDICATED.

#### LOCAL AGENCY CHECKS

1. Police Department, Leavenworth, KS (S/A [REDACTED])
  2. Leavenworth County Sheriff's Office, Leavenworth, KS (S/A [REDACTED])
- The above agencies service Ft Leavenworth, KS.

#### SUBJECT INTERVIEW

3. An interview of Subject was conducted on 31 May 83, as part of an Interview Oriented Background Investigation. The interview required one hour and 17 minutes.

Subject otherwise responded with only favorable information in response to questions regarding his conduct (including use of alcohol or drugs), employments, school attendance, activities, associates and personal finances. The questioning developed no history of criminal conduct nor any mental problems or treatment, and the responses raised no questions of judgment or reliability. Subject's comments indicate he is loyal to the United States and reported (for himself, family and associates) no involvement in or advocacy of force to overthrow the United States Government by unconstitutional means or the use of force or violence to deny others their constitutional/legal rights. Subject provided information about his family, activities, associates and personal life, none of which disclosed any adverse or questionable areas indicative of his susceptibility to coercion, pressures or blackmail to act against the United States. Changes to the SPH, which is appended as Attachment (1), were Subject's military assignments from 1978 to present.

Subject was completely cooperative, responded to all questions and expressed no reservations in his responses nor about the holding of a security clearance.

#### ATTACHMENT

- (1) Changes to SPH, 31 May 83

|                                                    |      |                                                                                                                                                                                                                                                                                                        |         |
|----------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
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| PAGE<br>1                                          | LAST | MLN                                                                                                                                                                                                                                                                                                    | HLT RHE |



LISTING OF MILITARY ADDRESSES 1978 TO PRESENT

| <u>DATE</u>        | <u>ASSIGNMENT</u>                                                                                           | <u>ADDRESS</u>                                                                                      |
|--------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1977-1978          | Executive to the Special Assistant to the Secretary and Deputy Secretary of Defense                         | Room 3E880<br>The Pentagon<br>Washington, DC 20310                                                  |
| Jan-Aug 79         | Senior Military Assistant to Deputy Secretary of Defense<br>DCSA (b)(6), (b)(7)(C), (K)(2)                  | Room 3E966<br>The Pentagon<br>Washington DC 20310                                                   |
| Aug-Sep 79         | Executive Assistant to Secretary of Energy                                                                  | Forrestal Bldg.<br>Washington, DC                                                                   |
| Oct 79-<br>Jan 81  | Senior Military Assistant to Deputy Secretary of Defense,<br>DCSA (b)(6), (b)(7)(C), (K)(2)                 | Room 3E966<br>The Pentagon<br>Washington, DC 20310                                                  |
| Jan 81-<br>May 81  | Senior Military Assistant to Deputy Secretary of Defense<br>DCSA (b)(6), (b)(7)(C), (K)(2)                  | Room 3E966<br>The Pentagon<br>Washington, DC 20310                                                  |
| Jun 81-<br>Jul 82  | Assistant Division Commander for Operations and Training, 4th Infantry Division (Mechanized), Ft Carson, CO | Assistant Division Commander (Op & Trg)<br>4th Infantry Division (Mech)<br>Fort Carson, CO 80913    |
| Aug 82-<br>Present | Deputy Commander, US Army Combined Arms Combat Development Activity, Ft Lvn KS                              | Deputy Commander<br>US Army Combined Arms Combat Development Activity<br>Fort Leavenworth, KS 66027 |

DCSA (b)(6), (b)(7)(C), (K)(2)

WITNES

31 MAY 83

COLIN L. POWELL  
Brigadier General, USA  
CGH, 83 118-785-1569-103

ATTACHMENT



|                                    |                                |                     |                            |
|------------------------------------|--------------------------------|---------------------|----------------------------|
| DIS REPORT OF INVESTIGATION        |                                | DATE                | ADD 83161                  |
| CODE                               | CONTROL                        | STATUS              |                            |
| D15AC                              | 83118-DR5-1569-1D3             | RUC                 |                            |
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| SEX                                | SOCIAL SECURITY NO.            | FORMER MIL. SV. NO. | BIRTH [DATE] [GPC] [PLACE] |
| M                                  | DCSA (b)(6), (b)(7)(C), (k)(2) |                     | 5 Apr 37 New York City, NY |

AS TITLE  
POWELL COLIN LUTHER/BG(P), ARMY RA

#### INVESTIGATIVE RESULTS

THE RECORD CHECK(S) AND INTERVIEW(S), AS APPROPRIATE, WERE FAVORABLE AND INTERVIEWEE(S) RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLESS OTHERWISE INDICATED.

#### LOCAL AGENCY CHECK

1. Metropolitan Police Dept, 300 Indiana Ave, NW, Washington, DC, servicing Washington, DC.

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|                       |      |                                                                                                                                                                                                                                                                                           |     |
|-----------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
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DEPARTMENT OF DEFENSE - DEFENSE INVESTIGATIVE SERVICE

STANDARD SYSTEM DOCUMENT DIS FORM 1113-72



|                                              |                                                   |                     |                                                         |
|----------------------------------------------|---------------------------------------------------|---------------------|---------------------------------------------------------|
| DIS REPORT OF INVESTIGATION                  |                                                   | DATE<br>12 MAY 83   | INIT: 83125                                             |
| CODE<br>D15FF                                | CONTROL<br>83118-DR5-1569-1D3                     | STATUS<br>RUC       |                                                         |
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| MR TITLE<br>POWELL COLIN LUTHER/CIV          |                                                   |                     |                                                         |

#### LOCAL AGENCY CHECKS

1. Records of Fairfax County Police Dept (FCPD), Fairfax, VA, disclosed no adult arrest record subsequent to Jul 73. FCPD restricts its records checks back to Jul 73. FCPD will not manually search records dated prior to Jul 73 for non-law enforcement agencies. FCPD services Burke, Va.

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DIS REPORT OF INVESTIGATION DATE 11 MAY 83 INIT: 83125 LAT: ADD:

CODE D42CG CONTROL 83118-DR5-1569-1D3 STATUS RUC

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NI TITLE PCWELL, COLIN LUTHER/BG, USA

INVESTIGATIVE RESULTS  
THE RECORD CHECK(S) AND INTERVIEW(S), AS APPROPRIATE, WERE FAVORABLE AND INTERVIEWEE(S) RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLESS OTHERWISE INDICATED.

LOCAL AGENCY CHECKS  
1. CONSOLIDATED RECORDS OF EL PASO COUNTY SHERIFF/POLICE DEPARTMENT, COLORADO SPRINGS, CO, servicing Ft Carson, CO.

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STANDARD SYSTEM DOCUMENT DIS FORM 1 (3-72)



GP 11

## DIS REPORT OF INVESTIGATION

DATE 25 May 1983

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FORMER MIL. SV. NO.

BIRTH (DATE) (GPC) (PLACE)

37/04/05

NEW YORK CITY, NY

M TITLE

POWELL COLIN LUTHER

## CREDIT

REVIEW OF CREDIT BUREAU RECORDS COVERING THE FOLLOWING LOCATIONS  
DISCLOSED NO UNFAVORABLE INFORMATION-

FT CARSON, CO

FT LEAVENWORTH, KS

## CREDIT

REVIEW OF CREDIT BUREAU RECORDS COVERING BURKE, VA DISCLOSED NO INFORMATION.

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PAGE

1

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STANDARD SYSTEM DOCUMENT DIS FORM 1 (9-78)



|                                                                                                                                                                                                                                                                                                                         |                                                       |                                              |                        |             |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|------------------------|-------------|---------|
| DIS REPORT OF NAC/ENTNAC                                                                                                                                                                                                                                                                                                |                                                       | DATE JUL 5 - 1983<br>83100723                |                        | 63129-3400  |         |
| CODE<br>D0600                                                                                                                                                                                                                                                                                                           | CONTROL<br>CCN = 83118-DP5-1569-103                   | STATUS IN AD<br>CLOSED                       |                        |             |         |
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| SEX<br>M                                                                                                                                                                                                                                                                                                                | SOCIAL SECURITY NO.<br>DCSA (b)(6), (b)(7)(C), (k)(2) | FORMER MIL SV. NO.                           | BIRTH (DATE)<br>370405 | (GPC)<br>36 | (PLACE) |
| NAME TITLE<br>POWELL COLIN LUTHER                                                                                                                                                                                                                                                                                       |                                                       |                                              |                        |             |         |
| NAC CONDUCTED, INCLUDING DCII CHECK. THE FOLLOWING AGENCIES WERE CHECKED WITH RESULTS AS INDICATED.                                                                                                                                                                                                                     |                                                       |                                              |                        |             |         |
| FAVORABLE                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                        |             |         |
| 1.FBI - HEADQUARTERS.                                                                                                                                                                                                                                                                                                   |                                                       |                                              |                        |             |         |
| 2.FBI - IDENT. DIV. FINGERPRINT CHECK.                                                                                                                                                                                                                                                                                  |                                                       |                                              |                        |             |         |
| OTHER                                                                                                                                                                                                                                                                                                                   |                                                       |                                              |                        |             |         |
| 3.ARMY MIL PERS CENTER ACTIVE DUTY (OFFICER). RESULTS ATTACHED. -<br>See Note I                                                                                                                                                                                                                                         |                                                       |                                              |                        |             |         |
| THOMAS E. EWALD<br>DIRECTOR, PERSONNEL INVESTIGATIONS CENTER                                                                                                                                                                                                                                                            |                                                       |                                              |                        |             |         |
| THIS DOCUMENT INCORPORATES RESULTS OF CHECKS OF NATIONAL AGENCIES,<br>CONDUCTED IN ACCORDANCE WITH DOD DIRECTIVE 5200.2-R. IT DOES NOT<br>CONSTITUTE A GRANTING OR DENIAL OF A CLEARANCE. ON COMPLETION OF<br>CLEARANCE ACTION, THIS FORM, ACCOMPANYING DOCUMENTS, IF ANY, AND ALL<br>REPRODUCTIONS SHOULD BE DESTROYED |                                                       |                                              |                        |             |         |
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| RCN                                                                                                                                                                                                                                                                                                                     |                                                       | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                        |             |         |
| LAST                                                                                                                                                                                                                                                                                                                    |                                                       | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                        |             |         |
| DEPARTMENT OF DEFENSE - DEFENSE INVESTIGATIVE SERVICE<br>STANDARD SYSTEM DOCUMENT DIS FORM 1 (8-73)                                                                                                                                                                                                                     |                                                       |                                              |                        |             |         |



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DEFENSE INVESTIGATIVE SERVICE  
PERSONNEL INVESTIGATIONS CENTER  
REPORT OF NAC/ENTNAC ADDENDUM SHEET

- GENERAL NOTE: To request additional Agency checks, or a recheck of specific Agencies, return with request, the DD Form 1584, DIS Form 1, and all pertinent attachments.
- NOTE 1 ☒ Records were temporarily not available for review. If a review is required, resubmit in 60 days for a recheck.
- NOTE 2 ☐ Records could not be located for review. Experience has shown that a recheck is not likely to produce a different result.
- NOTE 3 ☐ No record of SUBJECT could be found in the Agency.
- NOTE 4 ☐ ☐ Alien. ☐ Citizenship status was not verified, as the agency reported no record of SUBJECT. If additional investigation is desired, request SUBJECT provide the following information, as applicable:  
(1) Aliens. Alien Registration Number, date and port of entry into the U.S., and, if known, the address of the INS office that has SUBJECT's record on file or the last residential address that the SUBJECT reported to INS on Alien Address Report (Form I-53). (2) Naturalized Citizens. Naturalization Certificate Number, date and court of issuance, and address of the court. (3) Derivative Citizens. Naturalization Certificate Number of SUBJECT's parent(s), date and court of issuance, and address of the court. Also, if applicable, SUBJECT's Citizenship Certificate Number, date of issuance, and address of the INS office where it was issued. (4) Birth Abroad of American Parent(s). Citizenship Certificate Number, date of issuance, and address of the INS office where it was issued. If SUBJECT has not obtained a Citizenship Certificate, no investigation other than a recheck of the Department of State can be conducted.
- NOTE 5 ☐ NAC/ENTNAC is closed without verification of alien or citizenship status as the check has been pending in excess of 50 days. If required, resubmit and another attempt will be made.
- NOTE 6 ☐ FBI-Identification Division check has not been completed. Suggest a new Fingerprint Card be submitted.

REMARKS:

This sheet contains explanatory remarks pertaining to entries on Report of NAC/ENTNAC. If further guidance is required, call AUTOVON 283-9381/9382, COMMERCIAL (301) 234-9381/9382, FTS 922-4426/4427, Extension 381/382.

ADDENDUM TO DIS FORM 1 (Rpt NAC/ENTNAC) (12 Dec 79)



# STATEMENT OF PERSONAL HISTORY

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INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. (Print) FIRST NAME - MIDDLE NAME - MIDDLE NAME (if any) - LAST NAME<br><b>COLIN LUTHER POWELL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | 2. STATUS<br><input checked="" type="checkbox"/> <b>ACTIVE</b> <input type="checkbox"/> <b>RESERVE</b> <input type="checkbox"/> <b>RETIRED</b> <input type="checkbox"/> <b>DECEASED</b> <input type="checkbox"/> <b>OTHER</b> |                                                     |
| 3. ALIAS(S) OR CHANGE(S) IN NAME (Other than by marriage) (Last, first, middle, initial, etc.)<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                                                                                                                                                                                                               |                                                     |
| 4. DATE OF BIRTH (Day, month, year)<br><b>5 April 1937</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | 5. PLACE OF BIRTH (City, County, State, and Country)<br><b>NYC, NY U.S.A.</b>                                                                                                                                                 |                                                     |
| 6. HEIGHT<br><b>73"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | 7. PLACE CERTIFICATE RECEIVED<br><b>NYC</b>                                                                                                                                                                                   |                                                     |
| 8. WEIGHT<br><b>205 lbs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | 9. SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS<br><b>scar on left forearm</b>                                                                                                                                               |                                                     |
| 10. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN REMARKS SECTION. |         |                                                                                                                                                                                                                               |                                                     |
| 11. U.S. NATURALIZED CERTIFICATE NO. (If naturalized)<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                                                                                                                                                                                                               |                                                     |
| 12. IF DERIVED FROM NATURALIZED PARENTS, CERTIFICATE NO. (If derived from naturalized parents)<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                                                                                                                                                                                                               |                                                     |
| 13. DATE, PLACE, AND COURT<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                                                               |                                                     |
| 14. ALIAS (If any)<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | 15. DO YOU INTEND TO BECOME A U.S. CITIZEN?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                            |                                                     |
| 16. MILITARY SERVICE<br>(Are you presently or active duty in the U.S. Armed Forces drawing full pay?) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. If YES, complete the following.                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                                                                               |                                                     |
| GRADE AND SERVICE NO.<br><b>EG(P) DCSA (b)(6), (b)(7)(C), (k)(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | ORGANIZATION AND STATION<br><b>USACACDA, Ft Leavenworth KS</b>                                                                                                                                                                |                                                     |
| SERVICE AND COMPONENT<br><b>Army PA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | DATE CURRENT ACTIVE DUTY SERVICE STARTED<br><b>30 June 1958</b>                                                                                                                                                               |                                                     |
| 17. ARE YOU PRESENTLY A MEMBER OF A U.S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If YES, complete the following.                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                                                                                                               |                                                     |
| GRADE AND SERVICE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | ORGANIZATION AND STATION OR UNIT AND LOCATION                                                                                                                                                                                 |                                                     |
| 18. HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If YES, complete the following.                                                                                                                                                                                                                                                                                              |         |                                                                                                                                                                                                                               |                                                     |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SERVICE | COMPONENT                                                                                                                                                                                                                     | FROM (Date)                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                                                               | TO (Date)                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                                                               | TYPE, DATES, OR SEPARATIONS - GRADE AND SERVICE NO. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                                                               |                                                     |
| 19. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                                                                                                                                                                                                                               |                                                     |
| MONTH AND YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | NAME AND LOCATION OF SCHOOL                                                                                                                                                                                                   |                                                     |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TO      |                                                                                                                                                                                                                               |                                                     |
| Sep 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Feb 54  | Morris H.S., Bronx, NY                                                                                                                                                                                                        |                                                     |
| Feb 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Jun 58  | City College of New York, New York                                                                                                                                                                                            |                                                     |
| Sep 69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Jun 71  | The George Washington University, D.C.                                                                                                                                                                                        |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                                                               |                                                     |
| 20. FAMILY (List in order given: parents, spouse, guardians, stepchildren, foster parents, parents-in-law, former spouses) (If divorced give date and place). Children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U.S. citizen by birth, give date and place of entry, alien registration number, naturalization certificate number and place of issuance.)                                                                    |         |                                                                                                                                                                                                                               |                                                     |
| RELATION AND NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | DATE AND PLACE OF BIRTH                                                                                                                                                                                                       |                                                     |
| FATHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | 24 Mar 1898, Jamaica W                                                                                                                                                                                                        |                                                     |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | (see Item #20)                                                                                                                                                                                                                |                                                     |
| MOTHER (Maiden name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | 4 Jan 1901, Jamaica W                                                                                                                                                                                                         |                                                     |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | (see Item #20)                                                                                                                                                                                                                |                                                     |
| SCHOOL (Maiden name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | 27 Oct 1937                                                                                                                                                                                                                   |                                                     |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Birmingham, Alabama                                                                                                                                                                                                           |                                                     |
| OTHER (Family name - in law)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | 11 Aug 1903                                                                                                                                                                                                                   |                                                     |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Elyria, Ohio                                                                                                                                                                                                                  |                                                     |
| Mother-in-law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | 12 March 1905                                                                                                                                                                                                                 |                                                     |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Middlesboro, Kentucky                                                                                                                                                                                                         |                                                     |
| Son                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | 23 March 1963                                                                                                                                                                                                                 |                                                     |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Birmingham, Alabama                                                                                                                                                                                                           |                                                     |
| Daughter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | 16 April 1965                                                                                                                                                                                                                 |                                                     |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Ft. Benning, GA                                                                                                                                                                                                               |                                                     |
| 20. NAME OF THE DUTY STATION (If any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | 20 May 1970                                                                                                                                                                                                                   |                                                     |
| DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Ft. Belvoir, Virginia                                                                                                                                                                                                         |                                                     |

DD FORM 398

REPLACES EDITION OF 1 MAY 58, WHICH MAY BE USED.

Exception to Standard Form 86

Approved by Bureau of the Budget July 1967







**DCSA: Best Copy Available**

| LIST ALL REFERENCES FROM 1 JANUARY 1967 |        |                                   |             |                  |
|-----------------------------------------|--------|-----------------------------------|-------------|------------------|
| MONTH AND YEAR                          |        | STREET AND NUMBER                 | CITY/STATE  | STATE OR COUNTRY |
| Oct 56                                  | Jun 58 | 183-68 Elmira Avenue              | NY (Hollis) | NY 11412         |
| Jun 58                                  | Jan 59 | US Army Infantry School           | Ft Benning  | GA 31905         |
| Jan 59                                  | Dec 60 | Combat Cmd E, 3d AD (Company Cdr) | Geinhhausen | Germany          |
| Jan 61                                  | Aug 62 | 2d Inf Bde (Company Cdr)          | Ft Devens   | MA 01433         |
| AUG 62                                  | SEP 62 | 372 Marlboro Street               | Boston      | MA 02149         |
| SEP 62                                  | Nov 62 | USA JFK Cen (on post) (Student)   | Ft Bragg    | NC 28307         |
| NOV 62                                  | Dec 62 | Rte 6, Box 391                    | Birmingham  | AL 35217         |
| Dec 62                                  | Dec 63 | MAAG (on post) (ARVN Advisor)     | Quang Tri   | VietNam          |
| MAY 64                                  | Jun 64 | 805 28th Avenue                   | Phenix City | AL 36567         |
| Jun 64                                  | Jun 67 | US Army Infantry School (Student) | Ft Benning  | GA 31905         |
| Jun 67                                  | Jun 68 | 13420 Stonleigh Court             | Leavenworth | KS 66048         |
| Jul 68                                  | Jul 69 | 23d Infantry Division (Div G-9)   | Cha Lai     | VietNam          |
| AUG 69                                  | Jan 76 | 14605 Desoto Court                | Woodbridge  | VA 22191         |

| PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS |                                                 |             |            |         |
|-------------------------------------------------|-------------------------------------------------|-------------|------------|---------|
| NAME AND ADDRESS                                | TYPE<br>(Social, fraternal, professional, etc.) | OFFICE HELD | MEMBERSHIP |         |
|                                                 |                                                 |             | FROM       | TO      |
| Assn of the US Army                             | Professional                                    | none        | 1960       | present |
| White House Fellows Alumni                      | Professional                                    | none        | 1973       | present |

| YES                                 | NO                       | QUESTION                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION ANYWHERE?                                                                                                                                                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CONSPIRACY WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEeks TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICER, OR EMPLOYEE?                                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | ARE YOU NOW ASSOCIATING WITH OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUAL, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, HAS OR HAD BEEN A MEMBER OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?                                                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTIONS TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATION OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?                             |

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT "IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

1052000 1052000 1052000 1052000 1052000 1052000 1052000 1052000 1052000 1052000

| YES                                 | NO                       | QUESTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, MONITORED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO REPORT, BAR, OR CONFINED FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

| DATE | OFFENSE OR VIOLATION | COURT OR PLACE OF HEARING | PENALTY IMPOSED OR OTHER DISPOSITION |
|------|----------------------|---------------------------|--------------------------------------|
|      |                      |                           |                                      |

OTHER NEIGHBORS AND OTHER FRIENDS STAYS IN REVENUE COMPLIANCE (IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE)



**DCSA: Best Copy Available**

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4012

**WALTON? WHY NOT HOLD ON TO IT?**

1990-1991 1991-1992 1992-1993 1993-1994 1994-1995 1995-1996 1996-1997 1997-1998 1998-1999 1999-2000 2000-2001 2001-2002 2002-2003 2003-2004 2004-2005 2005-2006 2006-2007 2007-2008 2008-2009 2009-2010 2010-2011 2011-2012 2012-2013 2013-2014 2014-2015 2015-2016 2016-2017 2017-2018 2018-2019 2019-2020 2020-2021 2021-2022 2022-2023 2023-2024 2024-2025 2025-2026 2026-2027 2027-2028 2028-2029 2029-2030 2030-2031 2031-2032 2032-2033 2033-2034 2034-2035 2035-2036 2036-2037 2037-2038 2038-2039 2039-2040 2040-2041 2041-2042 2042-2043 2043-2044 2044-2045 2045-2046 2046-2047 2047-2048 2048-2049 2049-2050 2050-2051 2051-2052 2052-2053 2053-2054 2054-2055 2055-2056 2056-2057 2057-2058 2058-2059 2059-2060 2060-2061 2061-2062 2062-2063 2063-2064 2064-2065 2065-2066 2066-2067 2067-2068 2068-2069 2069-2070 2070-2071 2071-2072 2072-2073 2073-2074 2074-2075 2075-2076 2076-2077 2077-2078 2078-2079 2079-2080 2080-2081 2081-2082 2082-2083 2083-2084 2084-2085 2085-2086 2086-2087 2087-2088 2088-2089 2089-2090 2090-2091 2091-2092 2092-2093 2093-2094 2094-2095 2095-2096 2096-2097 2097-2098 2098-2099 2099-2100 2100-2101 2101-2102 2102-2103 2103-2104 2104-2105 2105-2106 2106-2107 2107-2108 2108-2109 2109-2110 2110-2111 2111-2112 2112-2113 2113-2114 2114-2115 2115-2116 2116-2117 2117-2118 2118-2119 2119-2120 2120-2121 2121-2122 2122-2123 2123-2124 2124-2125 2125-2126 2126-2127 2127-2128 2128-2129 2129-2130 2130-2131 2131-2132 2132-2133 2133-2134 2134-2135 2135-2136 2136-2137 2137-2138 2138-2139 2139-2140 2140-2141 2141-2142 2142-2143 2143-2144 2144-2145 2145-2146 2146-2147 2147-2148 2148-2149 2149-2150 2150-2151 2151-2152 2152-2153 2153-2154 2154-2155 2155-2156 2156-2157 2157-2158 2158-2159 2159-2160 2160-2161 2161-2162 2162-2163 2163-2164 2164-2165 2165-2166 2166-2167 2167-2168 2168-2169 2169-2170 2170-2171 2171-2172 2172-2173 2173-2174 2174-2175 2175-2176 2176-2177 2177-2178 2178-2179 2179-2180 2180-2181 2181-2182 2182-2183 2183-2184 2184-2185 2185-2186 2186-2187 2187-2188 2188-2189 2189-2190 2190-2191 2191-2192 2192-2193 2193-2194 2194-2195 2195-2196 2196-2197 2197-2198 2198-2199 2199-2200 2200-2201 2201-2202 2202-2203 2203-2204 2204-2205 2205-2206 2206-2207 2207-2208 2208-2209 2209-2210 2210-2211 2211-2212 2212-2213 2213-2214 2214-2215 2215-2216 2216-2217 2217-2218 2218-2219 2219-2220 2220-2221 2221-2222 2222-2223 2223-2224 2224-2225 2225-2226 2226-2227 2227-2228 2228-2229 2229-2230 2230-2231 2231-2232 2232-2233 2233-2234 2234-2235 2235-2236 2236-2237 2237-2238 2238-2239 2239-2240 2240-2241 2241-2242 2242-2243 2243-2244 2244-2245 2245-2246 2246-2247 2247-2248 2248-2249 2249-2250 2250-2251 2251-2252 2252-2253 2253-2254 2254-2255 2255-2256 2256-2257 2257-2258 2258-2259 2259-2260 2260-2261 2261-2262 2262-2263 2263-2264 2264-2265 2265-2266 2266-2267 2267-2268 2268-2269 2269-2270 2270-2271 2271-2272 2272-2273 2273-2274 2274-2275 2275-2276 2276-2277 2277-2278 2278-2279 2279-2280 2280-2281 2281-2282 2282-2283 2283-2284 2284-2285 2285-2286 2286-2287 2287-2288 2288-2289 2289-2290 2290-2291 2291-2292 2292-2293 2293-2294 2294-2295 2295-2296 2296-2297 2297-2298 2298-2299 2299-2300 2300-2301 2301-2302 2302-2303 2303-2304 2304-2305 2305-2306 2306-2307 2307-2308 2308-2309 2309-2310 2310-2311 2311-2312 2312-2313 2313-2314 2314-2315 2315-2316 2316-2317 2317-2318 2318-2319 2319-2320 2320-2321 2321-2322 2322-2323 2323-2324 2324-2325 2325-2326 2326-2327 2327-2328 2328-2329 2329-2330 2330-2331 2331-2332 2332-2333 2333-2334 2334-2335 2335-2336 2336-2337 2337-2338 2338-2339 2339-2340 2340-2341 2341-2342 2342-2343 2343-2344 2344-2345 2345-2346 2346-2347 2347-2348 2348-2349 2349-2350 2350-2351 2351-2352 2352-2353 2353-2354 2354-2355 2355-2356 2356-2357 2357-2358 2358-2359 2359-2360 2360-2361 2361-2362 2362-2363 2363-2364 2364-2365 2365-2366 2366-2367 2367-2368 2368-2369 2369-2370 2370-2371 2371-2372 2372-2373 2373-2374 2374-2375 2375-2376 2376-2377 2377-2378 2378-2379 2379-2380 2380-2381 2381-2382 2382-2383 2383-2384 2384-2385 2385-2386 2386-2387 2387-2388 2388-2389 2389-2390 2390-2391 2391-2392 2392-2393 2393-2394 2394-2395 2395-2396 2396-2397 2397-2398 2398-2399 2399

DCSA (b)(6) (b)(7)(C) (b)(7)(D)

Ft Leavenworth, KS 66027

## REFERENCES

DCSA (b)(6), (b)(7)(C), (k)(2)

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

DO NOT DISCLOSE TO ANY PERSONS AND RECORDS OF CLASSIFIED MATTER (even in the public eye) TO WHICH APPLICANT WILL BECOME ACCESSIBLE

1977-1978

$$f(x) = \frac{1}{2} \left( 1 + \frac{x}{\sqrt{1+x^2}} \right) \quad \text{for } x \in \mathbb{R}.$$

1. The first part of the document is a list of references. The references are as follows:

$\frac{d}{dt} \left( \frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

$$E(X_1, \dots, X_n) = \int_{\mathbb{R}^n} x_1 \cdots x_n dP(x_1, \dots, x_n) = \int_{\mathbb{R}^n} x_1 \cdots x_n dP(x_1, \dots, x_n) = \int_{\mathbb{R}^n} x_1 \cdots x_n dP(x_1, \dots, x_n)$$
[illegible]

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RECORDS OF PRIOR CLEARANCES 1/1/1941 - 1/1/1942

| NAME OF CLAIMANT | TYPE OF CLAIMANT | NAME OF CLAIMANT'S ATTORNEY |
|------------------|------------------|-----------------------------|
|------------------|------------------|-----------------------------|

84

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|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

[illegible]

1946 9-10-46

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INSTRUCIÓNS DEBEN SER LAS SIGUIENTES:

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ADMINISTRATIVE PAGE

2025 RELEASE UNDER E.O. 14176

\* U.S. G.P.O. 1280-665-141/1190

...the ...

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1. The first group of respondents (100) was selected from the first 1000 respondents of the first survey. The second group of respondents (100) was selected from the first 1000 respondents of the second survey. The third group of respondents (100) was selected from the first 1000 respondents of the third survey. The fourth group of respondents (100) was selected from the first 1000 respondents of the fourth survey. The fifth group of respondents (100) was selected from the first 1000 respondents of the fifth survey. The sixth group of respondents (100) was selected from the first 1000 respondents of the sixth survey. The seventh group of respondents (100) was selected from the first 1000 respondents of the seventh survey. The eighth group of respondents (100) was selected from the first 1000 respondents of the eighth survey. The ninth group of respondents (100) was selected from the first 1000 respondents of the ninth survey. The tenth group of respondents (100) was selected from the first 1000 respondents of the tenth survey.

15. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

\_\_\_\_\_



**DCSA: Best Copy Available**

Item 13. I have Top Secret (Final) and SCI clearances in connection with my Army duties.

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Item #15 (cont) RESIDENCES

| <u>From</u> | <u>To</u> | <u>Street and Number</u> | <u>City</u>            | <u>State or Country</u> |
|-------------|-----------|--------------------------|------------------------|-------------------------|
| Jul 76      | Jul 77    | 1560 Colt Park           | Fort Campbell (BdeCDR) | Kentucky 42223          |
| Jul 77      | Mar 78    | 6003 Carinsale Court     | Burke                  | Virginia 22015          |
| Mar 78      | Jun 81    | 6236 Windward Drive      | Burke                  | Virginia 22015          |
| Jun 81      | Aug 82    | Quarters #2              | Ft Carson (ADC)        | Colorado 80913          |
| Aug 82      | Present   | 611 Scott                | Ft Leavenworth (DCDR)  | Kansas 66027            |



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Item #11 (cont)

| <u>Relationship &amp; Name</u>                 | <u>Age</u> | <u>Occupation</u> | <u>Address</u>                 | <u>Citizenship</u> |
|------------------------------------------------|------------|-------------------|--------------------------------|--------------------|
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 49         | Store Keeper      | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican           |
| (Aunt)<br>DCSA (b)(6), (b)(7)(C), (k)(2)       | 77         | Housewife         |                                | Jamaican           |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 53         | Businessman       |                                | Jamaican           |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 51         | Nurse             |                                | Jamaican           |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 39         | Housewife         |                                | Jamaican           |
| (Aunt)<br>DCSA (b)(6), (b)(7)(C), (k)(2)       | 71         | Housewife         |                                | Jamaican           |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 42         | Housewife         |                                | Jamaican           |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 46         | Stenographer      |                                | Jamaican           |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 47         | Clerk             |                                | Jamaican           |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 41         | Clerk             |                                | Jamaican           |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 39         | Clerk             |                                | Jamaican           |

Item #12 (cont) FOREIGN TRAVEL

| <u>From</u> | <u>To</u> | <u>Country Visited</u>     | <u>Purpose of Visit</u>     |
|-------------|-----------|----------------------------|-----------------------------|
| Feb 73      | Feb 73    | Bulgaria                   | White House Fellowship Tour |
| Feb 73      | Feb 73    | Poland                     | White House Fellowship Tour |
| Aug 73      | Aug 73    | People's Republic of China | White House Fellowship Tour |



## CONTINUATION SHEET

DCSA: Best Copy Available

Item 10 (Father) DCSA (b)(6), (b)(7)(C), (k)(2) (now deceased). Entered United States on 26 April 1920 at Philadelphia, PA. Citizenship papers dated 1 December 1936 (41304551). Executed oath on 3 January 1937, Southern District Court of New York State.

(Mother) DCSA (b)(6), (b)(7)(C), (k)(2) Entered United States on UNK April 1923, at New York City. Citizenship papers dated 10 Jun 1940 (4770347), Southern District Court of New York State.

Item #10  
(cont)

| Relation and Name                          | Date and Place of Birth           | Present Address, if living     | U.S. Citizen |
|--------------------------------------------|-----------------------------------|--------------------------------|--------------|
| (Sister)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 1 September 1931<br>New York City | DCSA (b)(6), (b)(7)(C), (k)(2) | X            |

Item #11 (cont)

| Relationship & Name                            | Age | Occupation    | Address                        | Citizenship |
|------------------------------------------------|-----|---------------|--------------------------------|-------------|
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 34  | Teacher       | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 31  | Civil Servant | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (Aunt)<br>DCSA (b)(6), (b)(7)(C), (k)(2)       | 62  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (Aunt)<br>DCSA (b)(6), (b)(7)(C), (k)(2)       | 77  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (Aunt)<br>DCSA (b)(6), (b)(7)(C), (k)(2)       | 79  | Housewife     | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 53  | Businessman   | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 47  | Engineer      | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 41  | Trucker       | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 44  | Engineer      | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |
| (1st cousin)<br>DCSA (b)(6), (b)(7)(C), (k)(2) | 51  | Civil Servant | DCSA (b)(6), (b)(7)(C), (k)(2) | Jamaican    |





DEPARTMENT of DEFENSE  
DEFENSE INVESTIGATIVE SERVICE



FILE NO:

POWELL COLIN LUTHER

DCSA (b)(6), (b)(7)(C), (k)(2)

37/04/05/36

90159-DRS-3542-1K2

# WARNING

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SPECIAL INSTRUCTIONS:

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It is certified that the material in this file is being retained pursuant to DoD Directive 5200.27, DIS Regulation 20-2 and DIS Manual 28-2.

Date Acquired

JUL 23 1990

Signature

DCSA (b)(6), (b)(7)(C), (k)(2)

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|                                                                                                                             |  |                              |  |                                                                                                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>REQUEST FOR PERSONNEL SECURITY INVESTIGATION</b>                                                                         |  | <b>1. REQUESTER FILE NO.</b> |  | <b>4. DATE OF REQUEST</b>                                                                                                                                                                                                                                                                                                                                       |  |
| FROM: Chief, Security Division, DIRM, JCS<br>Room 1B738, The Pentagon<br>Washington, D.C. 20318-9300                        |  | 2. CODE                      |  | 800524                                                                                                                                                                                                                                                                                                                                                          |  |
| TO: Personnel Investigations Control Center<br>Defense Investigative Service<br>P. O. Box 154<br>Baltimore, Maryland 21203  |  | 3. THIS REQUEST IS FOR:      |  | <input type="checkbox"/> LIMITED INQUIRY<br><input type="checkbox"/> BACKGROUND INVESTIGATION (BS)<br><input type="checkbox"/> SPECIAL BACKGROUND INVESTIGATION (SBI)<br><input type="checkbox"/> BRING-UP<br><input type="checkbox"/> OTHER (Specify in Remarks)                                                                                               |  |
| RETURN RESULTS TO: Chief, Security Division, DIRM, JCS<br>Room 1B738, The Pentagon<br>Washington, D.C. 20318-9300<br>W1B6AA |  | 6. REASON FOR INVESTIGATION: |  | <input checked="" type="checkbox"/> ACCESS TO MATERIAL CLASSIFIED<br><input type="checkbox"/> NUCLEAR WEAPON POSITION<br><input type="checkbox"/> IMMIGRANT ALIEN CLEARANCE<br><input checked="" type="checkbox"/> SENSITIVE COMPARTMENTED INFORMATION<br><input type="checkbox"/> PRESIDENTIAL SUPPORT<br><input type="checkbox"/> OTHER (Continue in Remarks) |  |

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|                                                                                                                                                                                                                                                                                                                                      |  |                                |  |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|------------------------|--|
| DO NOT COMPLETE - BLOCKS CIRCUMSCRIBED BY HEAVY BLACK LINE ARE FOR DIS INTERNAL USE ONLY                                                                                                                                                                                                                                             |  |                                |  |                        |  |
| CCN 98159 DR5 3542 1K2 DJA                                                                                                                                                                                                                                                                                                           |  |                                |  |                        |  |
| 2. NAME (Last-First-Middle) (Last Name only in Capital)                                                                                                                                                                                                                                                                              |  |                                |  |                        |  |
| POWELL, COLIN LUTHER                                                                                                                                                                                                                                                                                                                 |  |                                |  |                        |  |
| 3. OTHER NAMES USED OR KNOWN BY (Continue in Remarks)                                                                                                                                                                                                                                                                                |  |                                |  |                        |  |
| NONE                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                        |  |
| 10. DATE OF BIRTH (Y-M-D)                                                                                                                                                                                                                                                                                                            |  | 11. SSN                        |  | 12. FORMER SERVICE NO. |  |
| 370405                                                                                                                                                                                                                                                                                                                               |  | DCSA (b)(6), (b)(7)(C), (k)(2) |  | NA                     |  |
| 14. PLACE OF BIRTH (City, State)                                                                                                                                                                                                                                                                                                     |  | 15. SERVICE                    |  | 16. RANK/RATE/GRADE    |  |
| NY, NY                                                                                                                                                                                                                                                                                                                               |  | ARMY                           |  | GEN/10                 |  |
| 17. LOCAL FILES: NA                                                                                                                                                                                                                                                                                                                  |  |                                |  |                        |  |
| <input type="checkbox"/> PERSONNEL <input type="checkbox"/> BASE/MILITARY POLICE <input type="checkbox"/> MEDICAL <input type="checkbox"/> SECURITY<br>WORK REVIEWED ON _____ AND REVEALED:<br><input type="checkbox"/> NO UNFAVORABLE INFORMATION<br><input type="checkbox"/> UNFAVORABLE INFORMATION SUMMARIZED IN "REMARKS" BELOW |  |                                |  |                        |  |
| 18. HISTORY OF GOVERNMENT EMPLOYMENT, CURRENT MILITARY SERVICE, INDICATED ON ATTACHED PERSONAL HISTORY FORM IS                                                                                                                                                                                                                       |  |                                |  |                        |  |
| <input type="checkbox"/> PARTIALLY CORRECT <input type="checkbox"/> COULD NOT BE VERIFIED. (If other than correct is checked, explain in remarks)                                                                                                                                                                                    |  |                                |  |                        |  |
| 19. PRIOR INVESTIGATION: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN                                                                                                                                                                                                        |  |                                |  |                        |  |
| (If Yes, reflect type, when made, by whom, and file No.)                                                                                                                                                                                                                                                                             |  |                                |  |                        |  |
| SBI, DIS, 83278-DR5-1559-IDCF#                                                                                                                                                                                                                                                                                                       |  |                                |  |                        |  |
| SBI-PR DCSA (b)(6), (b)(7)(C), (k)(2) 870417, CASE # UKN                                                                                                                                                                                                                                                                             |  |                                |  |                        |  |
| 20. REMARKS (Use Concise Sheets as Required)                                                                                                                                                                                                                                                                                         |  |                                |  |                        |  |
| REQ DIS OBTAIN SBI-PR ON ABOVE NAMED INDIVIDUAL AND MERGE WITH PRIOR SBI. FORWARD AS ADDRESSED PER ITEM 7 ABOVE. SUBJECT IS THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF AND JCS SCTY BILLET APPLIES.                                                                                                                                   |  |                                |  |                        |  |
| DESIRE ADVANCE NOTIFICATION OF MAC RESULTS:                                                                                                                                                                                                                                                                                          |  |                                |  |                        |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                             |  |                                |  |                        |  |
| 21. ENCL. (REC)                                                                                                                                                                                                                                                                                                                      |  | 22. AUTHORIZED BY:             |  |                        |  |
| NA                                                                                                                                                                                                                                                                                                                                   |  | DCSA (b)(6), (b)(7)(C), (k)(2) |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                      |  | DCSA (b)(6), (b)(7)(C), (k)(2) |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                      |  | CH, PERS SCTY B                |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                      |  | JCS SCTY DIV, AV 225-7071      |  |                        |  |
| (Type Name, Title, and Telephone Number)                                                                                                                                                                                                                                                                                             |  |                                |  |                        |  |
| DIS NON-ACCEPTANCE STAMP                                                                                                                                                                                                                                                                                                             |  |                                |  |                        |  |
| JUN 04 1990                                                                                                                                                                                                                                                                                                                          |  |                                |  |                        |  |
| JUL 23 1990                                                                                                                                                                                                                                                                                                                          |  |                                |  |                        |  |
| DEFENSE INVESTIGATIVE SERVICE                                                                                                                                                                                                                                                                                                        |  |                                |  |                        |  |
| REFER TO THIS CASE BY "NAME-SSN-CCN"                                                                                                                                                                                                                                                                                                 |  |                                |  |                        |  |
| DIS CLOSING STAMP                                                                                                                                                                                                                                                                                                                    |  |                                |  |                        |  |
| <input checked="" type="checkbox"/> Attached documents forwarded for security determination.                                                                                                                                                                                                                                         |  |                                |  |                        |  |
| <input type="checkbox"/> BT <input type="checkbox"/> IDI <input type="checkbox"/> SPI<br><input type="checkbox"/> PR <input checked="" type="checkbox"/> ENAC                                                                                                                                                                        |  |                                |  |                        |  |
| M. Shepherd<br>for WILLIAM A. HUGHES<br>Director                                                                                                                                                                                                                                                                                     |  |                                |  |                        |  |
| REFER TO THIS CASE BY "NAME-SSN-CCN"                                                                                                                                                                                                                                                                                                 |  |                                |  |                        |  |

DD FORM 1 MAY 73 1879

REPLACES AF FORM 100-1, 1-68, WHICH IS OBSOLETE

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FROM

Defense Investigative Service  
 Personnel Investigations Center  
 P.O. Box 454  
 Baltimore, MD 21203-0454

DATE

JUL 23 1990

TO

SUBJECT: COLIN LUTHER

DCSA (b)(6), (b)(7)(C), (b)(2)

H

37/04/05 36

90159-DRS-3942-IR2

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## ITEMS CHECKED ARE APPLICABLE

Results of investigation are attached. This matter is ☐ pending ☐ closed.

Results of prior investigation, copy attached, should satisfy current requirements.

DIS/DCII records reflect NAC/ENTNAC completed favorably on \_\_\_\_\_.

OPI Form 79 was submitted to OPM.

X Prior file no. 23 278 DRS 1559 DCE completed by DIS attached.

Prior file no. \_\_\_\_\_ completed by \_\_\_\_\_ attached.

Reply received reference file no. \_\_\_\_\_ indicated:

- ☐ No information pertinent to your inquiry.
- ☐ File destroyed/missing.
- ☐ File does not pertain to Subject.
- ☐ Adjudicative material only.

REMARKS:

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|                                                  |                                                       |                     |                      |           |
|--------------------------------------------------|-------------------------------------------------------|---------------------|----------------------|-----------|
| DIS REPORT OF NAC/ENTNAC                         |                                                       | DATE<br>90/07/17    | 90159-DRS-3542-1K2   |           |
| CODE<br>D0600                                    | CONTROL<br>CCN= 90159-DRS-3542-1K2                    | STATUS<br>CLOSED    |                      |           |
| DISTRIBUTION<br>DIS<br>D0620                     |                                                       | COPY TO             |                      |           |
| MADE BY<br>DIS, PO BOX 1083, BALTIMORE, MD 21203 |                                                       |                     |                      |           |
| SEX<br>M                                         | SOCIAL SECURITY NO.<br>DCSA (b)(6), (b)(7)(C), (k)(2) | FORMER MIL. SV. NO. | BIRTH DATE<br>370405 | AGE<br>36 |

NAME TITLE  
POWELL COLIN LUTHER

SINGLE AGENCY CHECK CONDUCTED PER YOUR REQUEST, INCLUDING DCII CHECKS.  
THE FOLLOWING AGENCIES WERE CHECKED WITH FAVORABLE RESULTS.

**DCSA (b)(3)(B)**

DCSA (b)(6), (b)(7)(C), (k)(2)  
DIRECTOR

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| CLASSIFICATION<br><del>FOR OFFICIAL USE ONLY</del> |  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| PAGE<br>1 LAST                                     |  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |
| RON                                                |  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |  |

DEPARTMENT OF DEFENSE - DEFENSE INVESTIGATIVE SERVICE  
STANDARD SYSTEM DOCUMENT DIS FORM 1 (3-72)



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DEPARTMENT of DEFENSE  
DEFENSE INVESTIGATIVE SERVICE



FILE NO:

POWELL COLIN LUTHER

DCSA (b)(6), (b)(7)(C), (k)(2)

37/04/05 36

92126-DR5-1541-103

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Date Acquired

OCT 29 1992

Signature

*B. Lee*

RETAIN FOR:

60 Days

1 Year

15 Years

25 Years

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## DOD REQUEST FOR PERSONNEL SECURITY INVESTIGATION

DD FORM 1879

1 MAR 90

Form Approved  
GSA GEN. REG. NO. 27  
Expires Feb 28, 1992

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0291), Washington, DC 20503.

|                                                                                                                                                                                                                                                |  |                                                                                                                                |  |                                                             |  |                                                                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. CODE<br>WIB6AA                                                                                                                                                                                                                              |  | 2. REQUESTER FILE NUMBER<br>(Optional)                                                                                         |  | 3. DATE OF REQUEST (YYMMDD)<br>920428                       |  | 5. THIS REQUEST IS FOR (X one)                                                                                                                                                              |  |
| 4a. FROM<br>CHIEF, SECURITY DIVISION, JCS, DIRM<br>ROOM 1B738, THE PENTAGON<br>WASHINGTON, DC 20318-9300                                                                                                                                       |  | 4b. TO<br>PERSONNEL INVESTIGATIONS CONTROL CENTER<br>DEFENSE INVESTIGATIVE SERVICE<br>P.O. BOX 454<br>BALTIMORE, MD 21203-0454 |  |                                                             |  | a. Background Investigation (BI)<br>b. Special Background Investigation (SBI)<br>c. Periodic Reinvestigation (PR)<br>d. Special Investigative Inquiry (SI)<br>e. Other (Specify in Remarks) |  |
| 4. DO YOU DESIRE ADVANCE NOTICE OF NAC RESULTS (X one) →                                                                                                                                                                                       |  |                                                                                                                                |  | a. YES XX b. NO                                             |  | 6. REASON FOR INVESTIGATION (X as applicable)                                                                                                                                               |  |
| 7. SUBJECT OF INVESTIGATION                                                                                                                                                                                                                    |  |                                                                                                                                |  |                                                             |  | a. Access to Classified Material (X one)<br>Confidential Secret <u>Top Secret</u>                                                                                                           |  |
| a. NAME (Last, First, Middle Name, Last name in all CAPS.)<br>POWELL, COLIN LUTHER                                                                                                                                                             |  |                                                                                                                                |  | b. SOCIAL SECURITY NUMBER<br>DCSA (b)(6), (b)(7)(C), (k)(2) |  | b. Critical Nuclear Weapon Position                                                                                                                                                         |  |
| c. MAIDEN NAME AND OTHER NAMES USED OR KNOWN BY<br>NONE                                                                                                                                                                                        |  |                                                                                                                                |  |                                                             |  | c. Limited Access Authorization (LAA)                                                                                                                                                       |  |
| d. DATE OF BIRTH<br>(YYMMDD)<br>370405                                                                                                                                                                                                         |  | e. PLACE OF BIRTH (City, County, State and Country)<br>NEW YORK CITY, NEW YORK, NY                                             |  | f. SEX<br>M                                                 |  | g. RACE<br>BL                                                                                                                                                                               |  |
| 9. U.S. CITIZENSHIP<br>VERIFIED (X one) →                                                                                                                                                                                                      |  | a. YES b. NO                                                                                                                   |  | c. VERIFICATION DOCUMENT REVIEWED<br>PRIOR SBI              |  | d. Sensitive Compartmented Information (SCI)                                                                                                                                                |  |
| 10. LOCAL FILES VERIFICATION / PRE-SCREENING INTERVIEW                                                                                                                                                                                         |  |                                                                                                                                |  | c. REVEALED (X one)                                         |  | e. SIOP-ESI                                                                                                                                                                                 |  |
| a. TYPE (X as applicable)                                                                                                                                                                                                                      |  | b. DATE REVIEWED / CONDUCTED (YYMMDD)                                                                                          |  | (1) No Unfavorable Information (2) Unfavorable Information  |  | f. Presidential Support                                                                                                                                                                     |  |
| XX (1) Personnel                                                                                                                                                                                                                               |  | 920320                                                                                                                         |  | XX                                                          |  | g. Critical Sensitive Position                                                                                                                                                              |  |
| XX (2) Security                                                                                                                                                                                                                                |  | 920320                                                                                                                         |  | XX                                                          |  | h. AOP-1                                                                                                                                                                                    |  |
| XX (3) Medical                                                                                                                                                                                                                                 |  | 920402                                                                                                                         |  | XX                                                          |  | i. NATO Assignment                                                                                                                                                                          |  |
| XX (4) Base / Military Police                                                                                                                                                                                                                  |  | 920320                                                                                                                         |  | XX                                                          |  | j. Crypto / COMSEC                                                                                                                                                                          |  |
| (5) Authorized Pre-screening Interview                                                                                                                                                                                                         |  |                                                                                                                                |  |                                                             |  | k. Other (Explain in Remarks)                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                |  |                                                                                                                                |  |                                                             |  | 11. PRIOR INVESTIGATION (X one)                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                |  |                                                                                                                                |  |                                                             |  | a. YES (Type, Date, By Whom, and File Number)                                                                                                                                               |  |
|                                                                                                                                                                                                                                                |  |                                                                                                                                |  |                                                             |  | XX SBI, 870417, DIS, 90159-3542                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                |  |                                                                                                                                |  |                                                             |  | b. NO                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                |  |                                                                                                                                |  |                                                             |  | c. UNKNOWN                                                                                                                                                                                  |  |
| 12. TITLE OR POSITION OF SUBJECT (Military, list rank and service; U.S. Government employee, list grade; and Contractor employee, list job title)<br>GENERAL, US ARMY (CHAIRMAN, JOINT STAFF)                                                  |  |                                                                                                                                |  |                                                             |  | 13. TS BILLET NUMBER<br>AA000010                                                                                                                                                            |  |
| 14. REASON ACCESS TO CLASSIFIED INFORMATION OR INVESTIGATION IS REQUIRED (Provide description of duties warranting access/investigation. Contractor list contract number.)<br>POSITION ON JOINT STAFF REQUIRES ACCESS TO SENSITIVE INFORMATION |  |                                                                                                                                |  |                                                             |  |                                                                                                                                                                                             |  |
| 15. HISTORY OF GOVERNMENT EMPLOYMENT AND/OR CURRENT MILITARY SERVICE INDICATED ON ATTACHED DD FORM 1879 IS (X one)<br>XX a. Correct b. Partially Correct (Explain in Remarks) c. Could Not Be Verified (Explain in Remarks)                    |  |                                                                                                                                |  |                                                             |  |                                                                                                                                                                                             |  |
| 16. ENCLOSURES<br>DD 398 - 5; FD 258 - 1                                                                                                                                                                                                       |  |                                                                                                                                |  |                                                             |  |                                                                                                                                                                                             |  |
| 17. REMARKS (Use continuation sheet if necessary.)<br>REQ SSBI-PR IAW DOD REG 5200.2-R, APPENDIX B, PARA 5. REQ'D IAW DCID 1/14, PARA 10.                                                                                                      |  |                                                                                                                                |  |                                                             |  |                                                                                                                                                                                             |  |
| 18. INVESTIGATION VALIDITY CERTIFICATION: I certify that the information provided on this form is true to the best of my knowledge and that the above named individual has the need for the indicated clearance to perform assigned duties.    |  |                                                                                                                                |  |                                                             |  |                                                                                                                                                                                             |  |
| a. TYPED NAME (Last, First, Middle Name)<br>DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                     |  |                                                                                                                                |  | b. TITLE<br>CHIEF, PERS SCTY BR, JOINT STAFF, SCTY DIV      |  |                                                                                                                                                                                             |  |
| c. SIGNATURE<br>DCSA (b)(6), (b)(7)(C), (k)(2)                                                                                                                                                                                                 |  |                                                                                                                                |  | d. DATE SIGNED (YYMMDD)<br>920428                           |  | e. TELEPHONE NUMBER (Include Area Code)<br>(703) 695-7071                                                                                                                                   |  |
| FOR DIS USE ONLY                                                                                                                                                                                                                               |  |                                                                                                                                |  |                                                             |  |                                                                                                                                                                                             |  |
| CPL (Last Control Number) (1-13)<br>92126                                                                                                                                                                                                      |  | DRS 1541                                                                                                                       |  | 103                                                         |  | 36                                                                                                                                                                                          |  |
| (16-22)<br>DJA                                                                                                                                                                                                                                 |  | R                                                                                                                              |  | A                                                           |  | I N                                                                                                                                                                                         |  |
| 19. RETURN RESULTS TO (Include Zip Code)<br>CHIEF, SECURITY DIVISION, JCS, DIRM<br>ROOM 1B738, THE PENTAGON<br>WASHINGTON, DC 20318-9300                                                                                                       |  |                                                                                                                                |  | THRU: US ARMY                                               |  |                                                                                                                                                                                             |  |
| WIB6AA                                                                                                                                                                                                                                         |  |                                                                                                                                |  | DCSA: Best Copy Available                                   |  |                                                                                                                                                                                             |  |

DD Form 1879, MAR 90  
2072-014

Previous editions are obsolete.

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CLOSING STAMP  
PR COMPLETED  
OCT 29 1992  
B. Lee  
WILLIAM A. HUGHES  
DIRECTOR



FROM Defense Investigative Service  
Personnel Investigations Center  
P.O. Box 434  
Baltimore, MD 21203-0454

DATE OCT 29 1992

TO

SUBJECT POWELL, COLIN LUTHER

DCSA (b)(6), (b)(7)(C), (K)(2)

M 37/04/05 36  
92126-DR5-1541-103

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ITEMS CHECKED ARE APPLICABLE

Results of investigation are attached. This matter is ☐ pending ☐ closed.

Results of prior investigation, copy attached, should satisfy current requirements.

DIS/DCII records reflect NAC/ENTNAC completed favorably on \_\_\_\_\_.

OPI Form 79 was submitted to OPM.

X Prior file no. 90159-3542 completed by DDIS attached.

Prior file no. \_\_\_\_\_ completed by \_\_\_\_\_ attached.

Reply received reference file no. 91 ACRA 0442181 indicated:

X ☒ No information pertinent to your inquiry.  
☐ File destroyed/missing.  
☐ File does not pertain to subject.  
☐ Adjudicative material only.

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|                                         |                                |                     |           |                           |                   |          |
|-----------------------------------------|--------------------------------|---------------------|-----------|---------------------------|-------------------|----------|
| DIS REPORT OF INVESTIGATION             |                                | DATE                | 17 AUG 92 |                           | I: 92129 L: 92142 |          |
| CODE                                    | CONTROL                        | STATUS              |           |                           |                   |          |
| D15KS                                   | 26-DR5-1541-1D3                | RUC                 |           |                           |                   |          |
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| S/A DCSA (b)(6), (b)(7)(C), (k)(2) 1894 |                                |                     |           |                           |                   |          |
| SEX                                     | SOCIAL SECURITY NO.            | FORMER MIL. SV. NO. | BIRTH     | DATE                      | OPC               | PLACE    |
| M                                       | DCSA (b)(6), (b)(7)(C), (k)(2) |                     | 05 APR 37 |                           | 36                | NEW YORK |

NI TITLE  
POWELL, COLIN LUTHER/GEN, USA

#### INVESTIGATIVE RESULTS

THE RECORD CHECKS AND INTERVIEWS, AS APPROPRIATE, WERE FAVORABLE AND INTERVIEWEES RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLESS OTHERWISE INDICATED.

#### EMPLOYMENT REFERENCES

1. DCSA (b)(6), (b)(7)(C), (k)(2) 0-6, USMC, Joint Staff, Pentagon, Arlington, VA, with daily contact as professional associate from Aug 90 to present.
2. DCSA (b)(6), (b)(7)(C), (k)(2) 0-7, USA, JS, with four to five times contact as a professional associate during the period 1986 to Aug 90 and daily to weekly contact as professional associate from Aug 90 to present.

#### DEVELOPED REFERENCES

3. DCSA (b)(6), (b)(7)(C), (k)(2) 0-7, USA, 25B Lee Avenue, Ft Myer, VA, with daily contact as professional associate and approximately four times yearly social contact during official travel and at official functions, parties and get together from Jul 90 to Jan 92.
4. DCSA (b)(6), (b)(7)(C), (k)(2) 0-10, USN, JS, with daily contact as professional associate and weekly to monthly social contact as friend at parties, dinners and informal social get together from Nov 89 to present.

#### NEIGHBORHOOD INVESTIGATION

5. DCSA (b)(6), (b)(7)(C), (k)(2) II, 0-9, USA, Quarters 3, Ft Myer, VA with weekly contact as professional associate from late 1978 to mid 80s and again weekly contact as a professional associate during the period 1983 to 1985, and daily to weekly contact as a professional associate and approximately weekly to monthly contact as a neighbor during Jun 91 to present.
6. DCSA (b)(6), (b)(7)(C), (k)(2) 0-9, USA, Quarters 5, Ft Myer, VA, with one time monthly contact as a professional associate during the period 1988 to 1989 and weekly to monthly contact as a professional associate and daily to weekly contact as a neighbor during the period Apr 92 to present.

#### SUBJECT INTERVIEW

7. An interview of Subject was conducted 18 Jun 92, as part of a Periodic Reinvestigation. This interview required 25 minutes. Subject is currently an 0-10, USA, assigned Joint Chief of Staff, Pentagon, Arlington, VA.

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| DIS REPORT OF INVESTIGATION           |                                | DATE                | 17 AUG 92    |         | I: 92129 L: 92142 |  |
| CODE                                  | CONTROL                        | STATUS              |              |         |                   |  |
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| M                                     | DCSA (b)(6), (b)(7)(C), (k)(2) |                     | 05 APR 37    | 36      | NEW YORK          |  |
| MI TITLE                              |                                |                     |              |         |                   |  |
| POWELL, COLIN LUTHER/GEN. USA         |                                |                     |              |         |                   |  |

Subject stated that he mistakenly answered "No" to the question concerning foreign travel. Subject recalled that he took a brief vacation with his wife spouse to Bermuda in 1989. Subject stated that he travelled via military aircraft on this travel. Subject additionally stated that he has had previous travel that he believes was listed on prior background investigations.

Subject stated that although he has extensive contact with foreign nationals primarily from the Armed Forces of foreign nations, that nothing of security significance has ever occurred during those contacts. Subject stated that he could not be pressured or coerced due to any foreign contacts or connections stemming from relatives who reside in Jamaica. Subject further stated that none of his Jamaican relatives are associated with the Armed Forces or government of that country and that Subject's contact with his Jamaican relatives is rare.

Subject stated that he mistakenly failed to answer item 24b on his PSQ. Subject stated that he has never had a security clearance denied, suspended or revoked.

Subject responded with only favorable information regarding questions posed about his conduct (including use of alcohol and drugs), employment, school attendance, activities, associates, and personal finances. The questioning developed no criminal conduct, nor any mental problems or treatment, and the responses raised no questions of judgment or reliability. Subject's comments indicated he is loyal to the United States; and he reported for himself, family, and associates, no involvement in or advocacy of force to overthrow the U.S. Government, or the use of force or violence to deny others their constitutional/legal rights. Subject denied any personal knowledge of the unauthorized disclosure of classified information, the illegal transfer of U.S. technology, or involvement with any hostile intelligence activity directed against the United States. Subject provided information about his family, activities, associates and personal life, none of which disclosed any adverse or questionable areas indicative of his susceptibility to coercion, pressure, or blackmail to act against the United States.

Subject was completely cooperative, responded to all questions without hesitation, and expressed no reservations about the holding of a security

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POWELL, COLIN LUTHER/GEN, USA

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STANDARD SYSTEM DOCUMENT DIS FORM 1 (9-72) 3



|                                |                     |                     |            |      |          |
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| DIS REPORT OF INVESTIGATION    |                     | DATE                | 27 MAY 92  |      | 11 92129 |
| CODE                           | CONTROL             | STATUS              |            |      |          |
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| M                              | [REDACTED]          |                     | 05 APR 37  | 36   | NEW YORK |
| NI TITLE                       |                     |                     |            |      |          |
| POWELL, COLIN LUTHER/O-10, USA |                     |                     |            |      |          |

#### INVESTIGATIVE RESULTS

THE RECORD CHECKS AND INTERVIEWS, AS APPROPRIATE, WERE FAVORABLE AND INTERVIEWEES RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLESS OTHERWISE INDICATED.

ALL ADDRESSES ARE IN WASHINGTON, D.C., UNLESS OTHERWISE INDICATED.

#### LISTED REFERENCES

1. DCSA (b)(6), (b)(7)(C), (k)(2) Special Assistant to the Secretary of the Navy, 1810 Wyoming Ave, NW 20009, with at least weekly professional and social contact as colleague friend from 1981 to present.

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| DIS. REPORT OF INVESTIGATION                       |                                                       | DATE<br>20 MAY 92   |                         | I: 92129   |                   |
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| NI TITLE<br>POWELL, COLIN LUTHER/GEN. USA          |                                                       |                     |                         |            |                   |

#### INVESTIGATIVE RESULTS

THE RECORD CHECKS AND INTERVIEWS, AS APPROPRIATE, WERE FAVORABLE AND INTERVIEWEES RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLESS OTHERWISE INDICATED.

#### DEVELOPED REFERENCE

1. Efforts to interview references in this area were unsuccessful. (L)

#### NEIGHBORHOOD INVESTIGATION

2. Efforts to interview neighborhood references for Quarters 6, Fort Myer, VA, Subject's listed address from Oct 89 to present, were unsuccessful. (L)

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POWELL, COLIN LUTHER/GEN. USA

#### INVESTIGATIVE RESULTS

THE RECORD CHECKS AND INTERVIEWS, AS APPROPRIATE, WERE FAVORABLE AND INTERVIEWERS RECOMMENDED SUBJECT FOR A POSITION OF TRUST, UNLESS OTHERWISE INDICATED.

#### LOCAL AGENCY CHECKS

1. Georgia Crime Information Center (GCIC), Atlanta, GA, statewide repository for all felony and serious misdemeanor arrest information, servicing all law enforcement agencies and military installations in the state of Georgia.
2. Georgia Department of Public Safety (GDPS), Atlanta, GA, a statewide repository for traffic related incidents, maintained by the GCIC, Atlanta, GA.

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| DIS REPORT OF INVESTIGATION |                                | DATE                | 23 JUL 92    |       | AF 92155 |
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POWELL, COLIN LUTHER/0-10, USA

# INVESTIGATIVE RESULTS

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## LOCAL AGENCY CHECK

1. Metropolitan Police Department

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| M                           |                    | 05 APR 37    | 36        | NEW YORK   |         |       |
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| POWELL, COLIN LUTHER        |                    |              |           |            |         |       |

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#### INVESTIGATIVE RESULTS

THE RECORD CHECK(S) WERE FAVORABLE, UNLESS OTHERWISE INDICATED.

#### LOCAL AGENCY CHECKS

1. Central Criminal Records Exchange (CCRE), Virginia State Police, Richmond, VA. (I/T B B KING, 0032)

The CCRE is the central repository for all felony and serious misdemeanor arrest information throughout the Commonwealth of Virginia.

2. The Department of Motor Vehicles (DMV), Richmond, VA. (I/T P J ROBERTSON, 0029)

The DMV is the central repository for licensing of drivers and/or arrest history information throughout the Commonwealth of Virginia.

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| DIS REPORT OF INVESTIGATION |                                | DATE                | 14/05/92   |             |
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| M                           |                                |                     | 05 APR 37  | NEW YORK    |
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| POWELL COLIN LUTHER         |                                |                     |            |             |

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CREDIT  
REVIEW OF CREDIT BUREAU RECORDS COVERING THE FOLLOWING LOCATIONS  
DISCLOSED NO UNFAVORABLE INFORMATION-

FT MYER VA  
FT MCPHERSON GA  
FT MYER VA  
FT MCNAIR DC

|                                  |      |                                                                                                                                                                                                                                                                                             |  |
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STANDARD SYSTEM DOCUMENT 4 DIS FORM 1 (9-72)



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| DIS REPORT OF NAC/ENTNAC                         |                                | DATE                | OCT 29 1992 |      | 92132-8062 |
| CODE                                             | CONTROL                        | STATUS              |             |      |            |
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| M                                                | DCSA (b)(6), (b)(7)(C), (k)(2) |                     | 370405      |      | 36         |
| HI TITLE                                         |                                |                     |             |      |            |

POWELL COLIN LUTHER

NAC CONDUCTED, INCLUDING DCII CHECK. THE FOLLOWING AGENCIES WERE CHECKED WITH RESULTS AS INDICATED.

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FAVORABLE

1. FBI - IDENT. DIV. FINGERPRINT CHECK.

2. ARMY MIL PERS CENTER ACTIVE DUTY (OFFICER).

OTHER

3. FBI - HEADQUARTERS. RESULTS ATTACHED. *See Remarks*

4. WHITE HOUSE (SECURITY). RESULTS ATTACHED.

WILLIAM A. HUGHES  
DIRECTOR

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DEPARTMENT OF DEFENSE - DEFENSE INVESTIGATIVE SERVICE  
STANDARD SYSTEM DOCUMENT DIS FORM 1 (9-72)



DEFENSE INVESTIGATIVE SERVICE  
PERSONNEL INVESTIGATIONS CENTER  
REPORT OF NAC/ENTNAC ADDENDUM SHEET

**GENERAL NOTE:** To request additional Agency checks, or a recheck of specific Agencies, return with request, the DD Form 1384, DIS Form 1, and all pertinent attachments.

- NOTE 1 ☐ Records were temporarily not available for review. If a review is required, resubmit in 60 days for a recheck.
- NOTE 2 ☐ Records could not be located for review. Experience has shown that a recheck is not likely to produce a different result.
- NOTE 3 ☐ No record of SUBJECT could be found in the Agency.
- NOTE 4 ☐ ☐ Alien. ☐ Citizenship status was not verified, as the agency reported no record of SUBJECT. If additional investigation is desired, request SUBJECT provide the following information, as applicable:

(1) Aliens. Alien Registration Number, date and port of entry into the United States, and, if known, the address of the INS office that has SUBJECT's record on file or the last residential address that the SUBJECT reported to INS on Alien Address Report (FORM I-53). (2) Naturalized Citizens. Naturalization Certificate Number, date and court of issuance, and address of the court. (3) Derivative Citizens. Naturalization Certificate Number of SUBJECT's parent(s), date and court of issuance, and address of the court. Also, if applicable, SUBJECT's Citizenship Certificate Number, date of issuance, and address of the INS office where it was issued. (4) Birth Abroad of American Parent(s). Citizenship Certificate Number, date of issuance, and address of the INS office where it was issued. If SUBJECT has not obtained a Citizenship Certificate, no investigation other than a recheck of the Department of State can be conducted.

- NOTE 5 ☐ NAC/ENTNAC is closed without verification of alien or citizenship status as the check has been pending in excess of 50 days. If required, resubmit and another attempt will be made.
- NOTE 6 ☐ FBI-Identification Division check has not been completed. Suggest a new Fingerprint Card be submitted.

REMARKS:

*FBI-4gs refers to White House Security report which is attached.*

This sheet contains explanatory remarks pertaining to entries on Report of NAC/ENTNAC. If further guidance is required, call AUTOVON 283-9381/9382, COMMERCIAL (301) 234-9381/9382, FTS 922-4426/4427, Extension 381/382.

ADDENDUM TO DIS FORM 1 (Report NAC/ENTNAC) (12Dec79) **DCSA: Best Copy Available**



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DEFENSE INVESTIGATIVE SERVICE  
NATIONAL AGENCY CHECK  
FBI CENTRAL RECORDS SYSTEM  
RESPONSE TO AUTOMATED INDICES RECORD CHECK  
(DOES NOT INCLUDE A FINGERPRINT CHECK)

x4889

RM 4790

11114

DATE: 5/13/1992

SEQUENCE NO: 28947686

CIDN: 0921328062

ORI NO: USDISOC0Z

NAME: POWELL, COLIN LUTHER

AKA:

DOB: 04/05/37

POB: NY

SOC:

SEX: M

RACE: U

ADDR:

EMPL:

MISC:

UTD: 0

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MISS JANE  
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