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REQUEST FOR APPROVAL OF LIAISON					
To : Chief, Employee Activity Branch, PSD/OS					
THROUGH: 1.	File		. Chief, Offic	ial Cover & Liai	son/CCB/FI
The following contact is hereb		orted uested to	be effective on	one-time a continuing	basis:
. CIA EMPLOYEES			NON-CHA-EMPLOYEE		
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BRIEF DESCRIPTION OF LIAISON. COMMENTS, AND KNOWN BIOGRAPHICAL INFORMATION					
SIFICATION OF MATTER TO BE DISCUSSED TO SECRET CONFIDENTIAL UNCLASSIFIED SETT. AUTHORIZED SIGNATURE					
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