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ROUTING AND RECORD SHEET

SUBJECT: (Optional)
CONFIDENTIAL

FROM: *CONFIDENTIAL Div* EXTENSION: NO. DATE:

TO: (Office designation, room number, and building) DATE RECEIVED FORWARDED OFFICER'S INITIALS COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. *Mr. Gabriel*
H-E-21 Hqs. *Ref* *Copy of termination*

2. *Clearance sheet for*

3. *Chief SRO* *Crozier for your record.*

4. *G. Forslino*

5.

6. *B. File in*

7. *Ross L. CROZIER*

8.

9.

10.

11.

12.

13.

14.

15.

RETURN TO CIA
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Do Not Reproduce

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL			DATE 30 Aug. 1963	
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE				
PERSONAL DATA				
NAME (Last, First, Middle - true or pseudonym) Crozier, Ross L.		OFFICE AND BRANCH OF ASSIGNMENT Special Affairs Staff		
LOCAL ADDRESS Apt. 9 1607 So 26th St Arlington Va		PERMANENT ADDRESS Same		
PERMANENT STATION OR BASE Washington D.C.		POSITION OR FUNCTIONAL TITLE Ops Officer		
CONTRACT DATA				
DATE CONTRACT EFFECTIVE 1 June 1957	DATE CONTRACT LAST RENEWED original contract	DATE CONTRACT EXPIRES contract for	DATE OF CONTRACT TERMINATION 28 November 63	
REASON FOR CONTRACT TERMINATION indefinite term indefinite term				
RESIGNATION				
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)				
COMPONENT	CLEARED BY	DATE	REMARKS	
FINANCE	<i>[Signature]</i>	8/30/63		
LOGISTICS	<i>[Signature]</i>	8/30/63		
PERSONNEL	<i>[Signature]</i>	8/30/63		
CONTRACT APPROVING OFFICER		CLEARED BY (Signature) <i>[Signature]</i>	DATE 30 Aug 63	
SCHEDULE OF INTERVIEWING OFFICES (OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)				
OFFICE	SCHEDULE			INTERVIEWING OFFICIAL
	DATE	TIME	LOCATION	
CENTRAL COVER DIVISION			<i>already briefed</i>	CLEARED BY (Signature) <i>[Signature]</i>
			<i>No interview nec</i>	DATE 23 Sept '63
OFFICE OF SECURITY SSO			<i>No interview</i>	CLEARED BY (Signature) <i>[Signature]</i>
			<i>necessary</i>	DATE 9/31/63 03
OFFICE OF PERSONNEL CPD				Aug. 30, 1963
REMARKS (Please initial)				
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT SAS/EOR		SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER <i>[Signature]</i>		DATE 30 Aug 63
		SAS/CONTRACT APPROVING OFFICER		