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SECRET

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION <i>(Always handcarry 1 copy of this form)</i>		DATE 26 July 1963	
TO:	CI/Operational Approval and Support Division	FROM:	<input type="checkbox"/> 03 WE/4/X Rm. 4B2613, x5559
	<input checked="" type="checkbox"/> Security Support Division/Office of Security		
SUBJECT: <i>(True name)</i> Clare Boothe LUCE		PROJECT NA	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES		CI/OA FILE NO. NA	
RETURN TO CIA Background Use Only Do Not Reproduce		RI 201 FILE NO.	SO FILE NO.
		None	169102
1. TYPE ACTION REQUESTED			
<input type="checkbox"/>	PROVISIONAL OPERATIONAL APPROVAL	<input type="checkbox"/>	PROVISIONAL PROPRIETARY APPROVAL
<input type="checkbox"/>	OPERATIONAL APPROVAL	<input type="checkbox"/>	PROPRIETARY APPROVAL
<input type="checkbox"/>	PROVISIONAL COVERT SECURITY APPROVAL	<input type="checkbox"/>	COVERT NAME CHECK
<input checked="" type="checkbox"/>	COVERT SECURITY APPROVAL (amendment)	<input type="checkbox"/>	SPECIAL INQUIRY (SO field investigation)
<input type="checkbox"/>	COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS		
2. SPECIFIC AREA OF USE U. S. A.			
3. FULL DETAILS OF USE Approval to contact by COS, Rome, when he visits the U.S., or in the event that she visits his area.			
4. INVESTIGATION AND COVER			
A. U.S. GOVERNMENT INTEREST MAY BE SHOWN DURING INVESTIGATION?		YES	NO <input checked="" type="checkbox"/>
B. CIA INTEREST MAY BE SHOWN DURING INVESTIGATION?		YES	NO <input checked="" type="checkbox"/>
C. IS SUBJECT AWARE OF U.S. GOVERNMENT INTEREST IN HIM?		YES	NO <input checked="" type="checkbox"/>
D. IS SUBJECT AWARE OF CIA INTEREST IN HIM?		YES	NO <input checked="" type="checkbox"/>
E. INDICATE ANY LIMITATIONS ON COVERAGE IN THE INVESTIGATION OF SUBJECT.			
F. SUGGEST "COVER PRETEXT" TO BE USED IN CONDUCTING PERSONAL INVESTIGATION OF SUBJECT.			
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY			
5. PRO AND GREEN LIST STATUS			
<input type="checkbox"/>	PRO I. OR EQUIVALENT, IN (2) COPIES ATTACHED	<input type="checkbox"/>	PRO II WILL BE FORWARDED
<input type="checkbox"/>	PRO II. OR EQUIVALENT, IN (1) COPY ATTACHED	<input type="checkbox"/>	GREEN LIST ATTACHED, NO:
6. RI TRACES			
<input type="checkbox"/>	NO RECORD	<input type="checkbox"/>	WILL FORWARD
<input type="checkbox"/>	NON-DEROGATORY	<input type="checkbox"/>	DEROGATORY ATTACHED
7. DIVISION TRACES			
<input type="checkbox"/>	NO RECORD	<input type="checkbox"/>	WILL FORWARD
<input type="checkbox"/>	NON-DEROGATORY	<input type="checkbox"/>	DEROGATORY ATTACHED
8. FIELD TRACES			
<input type="checkbox"/>	NO RECORD	<input type="checkbox"/>	WILL FORWARD
<input type="checkbox"/>	NO D	<input type="checkbox"/>	DEROGATORY ATTACHED
<input type="checkbox"/>	LIST		
<input type="checkbox"/>	NOT		(tion)
SIGN	<input type="checkbox"/> 03	EXTENSION 5559	SIGNATURE OF BRANCH CHIEF <i>D. Helling</i>