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RESPONSE TO DOMESTIC COLLECTION DIVISION REQUEST FOR NAME CHECKS NC DCD/5	OS FILE NUMBER 054 621
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FROM: Industrial & Certification Branch, Clearance Division, Office of Security 26 April 1977

TO : Domestic Collection Division, FO: **San Francisco** () 25 March 1977

SUBJECT'S FULL NAME <i>Last</i> SILVERMAN	<i>First</i> Adrian	<i>Middle</i> Fisher	US CITIZEN <input checked="" type="checkbox"/>	ALIEN <input type="checkbox"/>
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OTHER NAMES USED INCLUDING MAIDEN, ALIASES, ETC.

THIS NOTICE IS VALID THRU <u>April 1982</u> <small>(Mo.-Yr.)</small>	USE OF SUBJECT DURING THIS PERIOD BY OFFICES OTHER THAN DCD (except those having prior interest) MUST BE COORDINATED WITH DCD.
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1. Reference is made to your request for name checks on the Subject person. If the identifying information furnished is erroneous in any way, this division should be notified immediately. Checks based upon erroneous information are invalid.

2. The necessary checks have been completed and no pertinent information has been obtained except as noted below:

CITIZEN:

Passport data attached.

Subject was last favorably investigated in _____.

Denied Area Case: FBI Check was completed _____ Other NAC's were completed _____
 This office has no objection to Subject being used in accordance with DCI's memorandum dated 25 November 1961.

Summary of noteworthy information is attached for your consideration in determining the extent and level of your use of Subject.

ALIEN: This is not an approval for this alien's access to classified information.

FBI has no objection to contact with Subject.

Pertinent information has been developed, and is attached.

3. This advisory on investigative results is for contact purposes only and is not to be construed as a clearance of Subject person beyond that.

4. Coordination of prior interest:

No objection interposed by _____

Please contact _____

5. Remarks: FR/3/SF ⁰³ You are requested to coordinate this case with _____, which office may have current interest.

[Signature]
 Chief, Clearance Division, OS

FOR DCD/HQS USE ONLY	INDIVIDUAL NO. ORGANIZATION NO.
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