

JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : INSCOM/CSF
RECORD NUMBER : 194-10004-10135
RECORDS SERIES : DOD-AFFILIATED PERSONNEL INCIDENT INVESTIGATIONS
AGENCY FILE NUMBER : PAGES 14-14A

DOCUMENT INFORMATION

ORIGINATOR : USA
FROM : USAPSG
TO : DCS-OPS USAINTC
TITLE : [RESTRICTED]
DATE : 05/05/67
PAGES : 2
SUBJECTS : FROMER, DAVID REED

REQUEST FOR AND RESULTS OF PERSONNEL SECURITY ACTION

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
CLASSIFICATION : ~~CONFIDENTIAL~~
RESTRICTIONS : 3
CURRENT STATUS : RELEASED WITH DELETIONS
DATE OF LAST REVIEW : 03/07/95
OPENING CRITERIA :
COMMENTS : RECORD REGRADED UNCLASSIFIED ON 2 SEP 94.

Released under the John F. Kennedy
Assassination Records Collection Act of
1992 (44 USC 2107 Note). Case#:NW
64954 Date: 09-22-2022

~~CONFIDENTIAL~~

REQUEST FOR AND RESULTS OF PERSONNEL SECURITY ACTION (AR 381-130)		DATE 5 May 1967								
TO: (Control Office) DCS-OPS USAINTC ATTN: OPS III (Mr. Burwasser) Fort Holabird, Md.	THRU:	FROM: (Requesting Agency) USAPSG								
(Enter name and address of the ACTION AGENCY to which results are to be sent, if known by requester) U.S. Army Personnel Security Group Fort Holabird, Maryland 21219 ATTN: Adjudications Division		<table border="1"><thead><tr><th colspan="2">CONTROL OFFICE USE ONLY</th></tr></thead><tbody><tr><td>REQUIREMENT</td><td>REQUEST NO.</td></tr><tr><td>DOSSIER NO.</td><td>OPENING DATE</td></tr><tr><td colspan="2">REMARKS</td></tr></tbody></table>	CONTROL OFFICE USE ONLY		REQUIREMENT	REQUEST NO.	DOSSIER NO.	OPENING DATE	REMARKS	
CONTROL OFFICE USE ONLY										
REQUIREMENT	REQUEST NO.									
DOSSIER NO.	OPENING DATE									
REMARKS										
SECTION I - REQUESTER TO CONTROL OFFICE										
1. SUBJECT (Last name in capitals, first and middle names) FROMER, David Reed	2. ALIAS(ES), MAIDEN NAME None	3. SERVICE/SOCIAL SECURITY NO. JFK Act 5 (g) (2) (D)								
4. DATE OF BIRTH (Day, Month, Year) 21 July 1942	5. PLACE OF BIRTH (City, State and country) Chicago, Illinois	6. GRADE AND POSITION Registrant								
7. REQUESTED ACTION <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> VALIDATION <input type="checkbox"/> RECORDS CHECK										
8. TYPE OF INVESTIGATION: <input type="checkbox"/> NAC <input type="checkbox"/> NACI <input type="checkbox"/> BI <input checked="" type="checkbox"/> OTHER (Explain in Item 15)		9. a. FOR CLEARANCE AND/OR ACCESS TO: <input type="checkbox"/> TOP SECRET <input type="checkbox"/> SECRET <input type="checkbox"/> CONFIDENTIAL								
10. TO DETERMINE SUITABILITY FOR:		b. <input type="checkbox"/> FOR LIMITED ACCESS AUTHORIZATION								
11. JUSTIFICATION		c. <input type="checkbox"/> INTERIM CLEARANCE DESIRED								
		d. <input checked="" type="checkbox"/> OTHER (Explain in Item 15)								
12. REVIEW OF FILES REQUIRED BY PARAGRAPH AR 604-5, COMPLETED ON _____ REVEALED: <input type="checkbox"/> NO UNFAVORABLE INFORMATION <input type="checkbox"/> UNFAVORABLE INFORMATION DETERMINED NOT TO BE A BAR TO ACTION <input type="checkbox"/> INFORMATION SUMMARIZED IN ITEM 15										
13. LATEST INVESTIGATION/CLEARANCE (Type, when, by whom)		14. NO BREAK IN FEDERAL SERVICE EXCEEDING SIX MONTHS SINCE								
15. REMARKS (If unfavorable information entered, transmit in sealed envelope thru intelligence channels.) Request that Headquarters and Local FBI (S) file checks be conducted on SUBJECT's parents. "Request this investigation be expedited as determination under AR 604-10 is being delayed at Department of the Army pending results". JFK Act 5 (g)(2)(D) DECLASSIFIED ON 2 Sep 94 BY CDR [redacted] F01/PO AUTH Para 1-603 DOD 5200.1R										
INCLS Dossier [redacted] re SUBJECT	TYPED NAME AND TITLE J B FINNEGAN COL AIS	14 SIGNATURE								
SECTION II - CONTROL OFFICE TO REQUESTER		DATE								
16. <input type="checkbox"/> NEW FINGERPRINT CARD REQUIRED <input type="checkbox"/> ITEMS _____ ON SPH (PSQ) REQUIRE CORRECTION AND/OR COMPLETION. <input type="checkbox"/> INTERIM REPORT FORWARDED. REQUEST REPORT OF ACTION TAKEN AND RETURN OF INCLOSURES UPON COMPLETION.										
INCLS	TYPED NAME AND TITLE Regraded [redacted] when separated from classified inclosures									

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SECTION III - REQUESTER TO CONTROL OFFICE			DATE				
17. REPORT OF ACTION <input type="checkbox"/> INFORMATION NOTED <input type="checkbox"/> SUBJECT REASSIGNED TO NON-SENSITIVE DUTIES, INVESTIGATION MAY BE CANCELED. <input type="checkbox"/> INFORMATION CONSIDERED NO BAR TO CLEARANCE. REQUEST COMPLETION OF INVESTIGATION.							
18. SUBJECT WAS TRANSFERRED <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">TO</td> <td style="width: 30%; border: none;">HEADQUARTERS</td> <td style="width: 20%; border: none;">PER</td> <td style="width: 20%; border: none;">DATED</td> </tr> </table>				TO	HEADQUARTERS	PER	DATED
TO	HEADQUARTERS	PER	DATED				
19. REMARKS (If returning corrected forms, state here) 							
INCLS	TYPED NAME AND TITLE	SIGNATURE					
SECTION IV - CONTROL OFFICE TO ACTION AGENCY			DATE				
20. RESULTS OF PERSONNEL SECURITY ACTION <input type="checkbox"/> NO RECORD <input type="checkbox"/> FAVORABLE <input type="checkbox"/> MINOR UNFAVORABLE INFORMATION RECORDED IN ITEM 21 <input type="checkbox"/> PRIOR INVESTIGATION INSUFFICIENT FOR ACTION CONTEMPLATED <input type="checkbox"/> FORWARDED FOR SECURITY DETERMINATION BY CLEARING AUTHORITY IF NEEDED, INITIATE REQUEST FOR INVESTIGATION.							
TYPE OF INVESTIGATION <input type="checkbox"/> NAC <input type="checkbox"/> NACI <input type="checkbox"/> BI <input type="checkbox"/> OTHER		COMPLETED BY	DATE				
21. REMARKS a. THIS FORM, TOGETHER WITH ANY INCLOSURES, REPORT OF ACTION TAKEN AND USACRF COPY OF DA FORM 873 (if appropriate) WILL BE RETURNED TO THE CONTROL OFFICE WITHIN _____ DAYS AFTER RECEIPT. b. IN THE EVENT SUBJECT HAS BEEN TRANSFERRED FROM YOUR COMMAND, THIS FORM AND INCLOSURES WILL BE RETURNED IMMEDIATELY WITH ITEM 23 COMPLETED. c. ATTENTION IS INVITED TO: PARAGRAPHS _____ AR 604-5; PARAGRAPH _____ AR 604-11; PARAGRAPH _____ AR 640-98; AND PARAGRAPH _____ AR 381-130, AS APPLICABLE.							
INCLS	TYPED NAME AND TITLE	SIGNATURE					
SECTION V - ACTION AGENCY TO CONTROL OFFICE			DATE				
22. REPORT OF ACTION <input type="checkbox"/> FAVORABLE DETERMINATION, USACRF COPY DA FORM 873 ATTACHED <input type="checkbox"/> UNFAVORABLE DETERMINATION, RECOMMENDED ACTION IN ITEM 24 <input type="checkbox"/> REQUEST ADDITIONAL INVESTIGATION AS INDICATED IN ITEM 24							
23. SUBJECT WAS TRANSFERRED <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">TO</td> <td style="width: 30%; border: none;">HEADQUARTERS</td> <td style="width: 20%; border: none;">PER</td> <td style="width: 20%; border: none;">DATED</td> </tr> </table>				TO	HEADQUARTERS	PER	DATED
TO	HEADQUARTERS	PER	DATED				
24. REMARKS <div style="text-align: right; margin-top: 20px;"> REGRADIFIED ON 2 SEP 94 BY CDR [signature] AUTH Para 1-603 DOD 5200.1R </div>							
INCLS	TYPED NAME AND TITLE	SIGNATURE					