

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : INSCOM/CSF  
RECORD NUMBER : 194-10004-10139  
RECORDS SERIES : DOD-AFFILIATED PERSONNEL INCIDENT INVESTIGATIONS  
AGENCY FILE NUMBER : PAGE 372-373

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DOCUMENT INFORMATION

ORIGINATOR : USA  
FROM : HAYASHIDA, MYRON K.  
TO : USA INTELLIGENCE CMD  
TITLE : [ RESTRICTED ]  
DATE : 11/25/66  
PAGES : 2  
SUBJECTS : FROMER, DAVID R.

INDUCTION

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : UNCLASSIFIED  
RESTRICTIONS : 3  
CURRENT STATUS : RELEASED WITH DELETIONS  
DATE OF LAST REVIEW : 03/07/95  
OPENING CRITERIA :  
COMMENTS : RECORD REGRADED UNCLASSIFIED ON 2 SEP 94. INCLOSURES  
NOT INCLUDED.

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

<b>REQUEST FOR AND RESULTS OF PERSONNEL ACTION</b> <small>(AR 381-130)</small>		DATE <b>25 November 1966</b>	
TO: (Control Office) <b>CG, USA Intelligence Cmd ATTN: ACoPS, CONOPS PO Box 398 Fort Holabird, Md 21219</b>	THRU: <b>CG, USAREC ATTN: Security Officer Hampton, Va 23369</b>	FROM: (Requesting Agency) <b>CO, AFEES 1515 Clay Street Oakland, California</b>	
(Enter name and address of the ACTION AGENCY to which results are to be sent, if known by requester)  <div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>CHIEF, USAPSG ATTN: Adjudication Branch Fort Holabird, Md 21219</b> </div>		<b>CONTROL OFFICE USE ONLY</b>	
		REQUIREMENT	REQUEST NO.
		DOSSIER NO.	OPENING DATE
		REMARKS	
<b>SECTION I - REQUESTER TO CONTROL OFFICE</b>			
1. SUBJECT (Last name in capitals, first and middle names) <b>FROMER, David Reed</b>	2. ALIAS(ES), if any <b>None</b>	3. SERVICE SOCIAL SECURITY NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">JFK Act 5 (g) (2) (D)</div>	
4. DATE OF BIRTH (Day, Month, Year) <b>21 July 1942</b>	5. PLACE OF BIRTH (City, State and country) <b>Chicago, Illinois</b>	6. GRADE AND POSITION <b>N/A</b>	
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 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>INDUCTION</b>		b. <input type="checkbox"/> FOR LIMITED ACCESS AUTHORIZATION	
11. JUSTIFICATION <b>PAR 18, AR-604-10</b>		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 CONTEMPLATED <input type="checkbox"/> INFORMATION SUMMARIZED IN ITEM 15			
13. LATEST INVESTIGATION/CLEARANCE (Type, when, by whom) <b>N/A</b>		14. NO BREAK IN FEDERAL SERVICE EXCEEDING SIX MONTHS SINCE <b>N/A</b>	
15. REMARKS (If unfavorable information entered, transmit in sealed envelope thru intelligence channels.) <b>Request investigation of registrant in view of remarks made by registrant in remarks section of DA Form 98 and DD Form 398. SSN: 4-42-42-204</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: small;">Regraded</p> <p style="font-size: small;">Pro</p> <p style="font-size: small;">Investigative</p> <p style="font-size: small;">automatic</p> <p style="font-size: small;">termination"</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-size: small;">Headquarters US Army Recruiting Command Hampton, Virginia 23369</p> </div> </div>			
INCLS <b>B</b>	TYPED NAME AND TITLE <b>MYRON K. HAYASHIDA 1/LT, AGC</b>	SIGNATURE 	
<b>SECTION II - CONTROL OFFICE TO REQUESTER</b>		DATE <b>372</b>	
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	SIGNATURE	

**DA FORM 2784**  
1 APR 64

SECTION III - REQUEST FOR CONTROL OFFICE ACTION

17. REPORT OF ACTION

INFORMATION NOTED

SUBJECT REASSIGNED TO SENSITIVE DUTIES INVESTIGATION MAY BE CANCELED.

INFORMATION CONSIDERED NO BAR TO CLEARANCE. REQUEST COMPLETION OF INVESTIGATION.

18. SUBJECT WAS TRANSFERRED

TO	HEADQUARTERS	PER	DATED
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19. REMARKS (If returning corrected forms, state here)

INCLS	TYPED NAME AND TITLE	SIGNATURE
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SECTION IV - CONTROL OFFICE TO ACTION AGENCY

DATE 30 MAR 1967

20. RESULTS OF PERSONNEL SECURITY ACTION

NO RECORD  FAVORABLE  MINOR UNFAVORABLE INFORMATION RECORDED IN ITEM 21  
 PRIOR INVESTIGATION INSUFFICIENT FOR ACTION CONTEMPLATED  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 checked="" type="checkbox"/> OTHER	COMPLETED BY USAINTC	DATE 29 Mar 1967	DOSSIER NUMBER AA 81 40 20
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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 SUBJECT'S Dossier and that of HIS father - D8 03 23 86	TYPED NAME AND TITLE DAN H. DIETRICH Lt Col AIS Chief of Operations III	SIGNATURE S.B. But
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SECTION V - ACTION AGENCY TO CONTROL OFFICE

DATE

22. REPORT OF ACTION

FAVORABLE DETERMINATION, USACRF COPY DA FORM 873 ATTACHED  UNFAVORABLE DETERMINATION, RECOMMENDED ACTION IN ITEM 24

RESCINDED PER DA MESSAGE DA 785175, DATED 16 MAY 86  
 REQUEST ADDITIONAL INVESTIGATION AS INDICATED IN ITEM 24

23. SUBJECT WAS TRANSFERRED

TO	HEADQUARTERS	PER	DATED
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24. REMARKS

373 FOR OVERSEA L.I. ONLY - This protective Marking is Excluded From Automatic Termination"

**CONFIDENTIAL**

INCLS	TYPED NAME AND TITLE	SIGNATURE
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