

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

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

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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.

~~CONFIDENTIAL~~

<b>REQUEST FOR AND RESULTS OF PERSONNEL SECURITY ACTION</b> <small>(AR 381-130)</small>		DATE <b>5 May 1967</b>	
TO: (Control Office) <b>DCS-OPS USAINTC ATTN: OPS III (Mr. Burwasser) Fort Holabird, Md.</b>	THRU:	FROM: (Requesting Agency) <b>USAPSG</b>	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>U.S. Army Personnel Security Group Fort Holabird, Maryland 21219 ATTN: Adjudications Division</b></p> </div>		<b>CONTROL OFFICE USE ONLY</b>	
		REQUIREMENT	REQUEST NO.
		DOSSIER NO.	OPENING DATE
		REMARKS	

**SECTION I - REQUESTER TO CONTROL OFFICE**

1. SUBJECT (Last name in capitals, first and middle names) <b>PROMER, David Reed</b>	2. ALIAS(ES), MAIDEN NAME <b>None</b>	3. SERVICE/SOCIAL SECURITY NO. <b>564-58-8137</b>
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>Registrant</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 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 <u>      </u> AR 604-5, COMPLETED ON <u>      </u> 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)		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".**

-REGRADED UNCLASSIFIED  
ON **2 SEP 94**  
BY CDR [signature] F01/PO  
AUTH Para 1-603 DOD 5200.1R

INCLS <b>Dossier 564588137 re SUBJECT</b>	TYPED NAME AND TITLE <b>J B FINNEGAN COL AIS</b>	<b>14</b>	SIGNATURE
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<b>SECTION II - CONTROL OFFICE TO REQUESTER</b>		DATE
16. <input type="checkbox"/> NEW FINGERPRINT CARD REQUIRED		
<input type="checkbox"/> ITEMS <u>      </u> 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
		Regraded UNCLASSIFIED when separated from classified inclosures

**DA FORM 2784**  
1 APR 64

**LRB COPY**

**SECTION III - REQUESTER TO CONTROL OFFICE**

DATE

**17. REPORT OF ACTION**

- INFORMATION NOTED       SUBJECT REASSIGNED TO NON-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

**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 type="checkbox"/> OTHER	COMPLETED BY	DATE	DOSSIER NUMBER
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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	TYPED NAME AND TITLE	SIGNATURE
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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       REQUEST ADDITIONAL INVESTIGATION AS INDICATED IN ITEM 24

**23. SUBJECT WAS TRANSFERRED**

TO	HEADQUARTERS	PER	DATED
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**24. REMARKS**

REGRADIFIED  
 ON 2 SEP 94  
 BY CDR [unclear] F01/PO  
 AUTH Para 1-603 DOD 5200.1R

INCLS	TYPED NAME AND TITLE	SIGNATURE
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