

<b>TO:</b> (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. LTC Jackson		
2.		
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
<input checked="" type="checkbox"/> As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

**REMARKS**

*This office has never been in contact with Dr. Jahn to the best of my knowledge.*

*Attached is Memo which documents a visit by others.*

*This is the only thing I know of that we have on file.*

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

<b>FROM:</b> (Name, org. symbol, Agency/Post)	Room No.—Bldg.
CPT A —	Phone No.

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