

Date

## ROUTING AND TRANSMITTAL SLIP

15 SEP 82

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. C, DET G _____ SUSPENSE		20 SEP
2. C, FAD _____ " "		23 SEP
3. SUBJ: INVESTIGATIVE HYPNOSIS		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

PLS COMPLY W/ OF AND RTN  
TO THIS OFC NLT 23 SEP 82.

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

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
	Phone No. 9719

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA

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