						2. DATE RECEIVED FROM	
a. NAME (Last, First, Middle Initial)	b. AGENCY	,	c. TELEPHON	IE (Incl. Area Cod	e)	CONGRESS (YYYYMMDD)	
3. TO: (In Turn)				4. DATE AC	4. DATE ACTION MUST BE COMPLETED (YYYYMMDD)		
a. b.			a. b.				
c.				c.			
5. DESCRIPTION OF DOCUMENT COMMITTEE/SUBCOMMITTEE		8. H			THRU IEARING CLOSED OPEN CLASSIFICATION		
The attached information to requirements and allow time for final relement in the review process must g DD Form has been sent to DOPSR. Of make this recommendation for release	review by the D live cooperative Only governmer	efense Office of Prepub consideration to the time	olication and Security ne requirements of a	y Review, your act Ill elements in mee	tion musting du	e out dates. An advance copy of this	
L OF OUR ITY				ized to make this r	ecomm	nendation for release; contractors cann	
	nplished by offic	cials	II. POLICY				
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