REF TD: A65915 NEVER USE FOR APPRO S. DISAPPROVALS. OUTING SLIP MEM CONCURRENCES, OR ILAR ACTIONS 1 NAME OR TITLE INITIALS CIRCULATE COORDINATION ORGANIZATION AND LOCATION DATE 2 FILE INFORMATION 3 NECESSARY ACTION NOTE AND RETURN 4 SEE ME SIGNATURE REMARKS Dr. Shannon johoned from Summit, New Jersey that he will not be able to come as planned next work because of the presence of busines. Unteps he will be able to come in March but not this month. tall him dout thesely you will de nangement Thas bun unnel FROM NAME OR TITLE DATE TELEPHONE ORGANIZATION AND LOCATION Approved for Release by NSA on 04-15-2014 pursuant to E.O. 135 1 FEB 50 95 Replaces DA AGO Form 895, 1 Apr 48, and AFRQ 1 FEB 50 95 Form 12, 10 Nov 47, which may be used. 06-16-48487-4 GPO 12