

| CLASSIFIED DOCUMENT ACCOUNTABILITY RECORD | | | | | | DATE | |
|--|------------------------------|---------------------------------------|---|------------------|-----------|-------------------------|------------|
| For use of this form, see AR 380-5; the proponent agency is the Office, Assistant Chief of Staff for Intelligence. | | | | | | 15 FEB | |
| SECTION A - GENERAL | | | | | | | |
| TO: | | | FROM: | | | | |
| DATE RECEIVED | | ACTION OFFICE(S) | | SUSPENSE DATE(S) | | REGISTER OR CONTROL NO. | |
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| CL-010-83 | S/NOFORM | 1 | Cy 1 of 1 cy, Report CL-990/8211/08..... | | | | |
| | | |NOTHING FOLLOWS..... | | | | |
| SECTION B - ROUTING | | | | | | | |
| TO | COPY NO. | DATE | PRINTED NAME | SIGNATURE | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| SECTION C - DESTRUCTION CERTIFICATE (Check appropriate block) | | | | | | | |
| MATERIAL DESCRIBED HEREON HAS BEEN: | | | | | | | |
| <input type="checkbox"/> DESTROYED | | | <input type="checkbox"/> TORN IN HALF AND PLACED IN A CLASSIFIED WASTE CONTAINER (AR 380-5) | | | | |
| OFFICE SYMBOL | DATE | PRINTED NAME OF CUSTODIAN OR REP | | | SIGNATURE | | |
| DESTRUCTION RECORD NO. | DATE | PRINTED NAME OF CERTIFYING/DESTR. OFF | | | SIGNATURE | | |
| PAGE OR COPY NUMBER | DATE | PRINTED NAME OF WITNESSING OFFICIAL | | | SIGNATURE | | |
| SECTION D - REPRODUCTION AUTHORITY | | | | | | | |
| NUMBER OF COPIES TO BE REPRODUCED | | AUTHORIZED BY | | | DATE | | |
| SECTION E - RECEIPT/TRACER ACTION (Check appropriate block) | | | | | | | |
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| <input type="checkbox"/> TRACER ACTION: SIGNED RECEIPT FOR MATERIAL DESCRIBED ABOVE HAS NOT BEEN RECEIVED. | | | | | | | |
| DATE | PRINTED NAME, GRADE OR TITLE | | | | SIGNATURE | | |
| COMMENTS | | | | | | | |