

Form DS-764		DEPARTMENT OF STATE		DATE
REQUEST FOR INFORMATION			May 25, 1960	
TO: CIA - NAME CHECK		FROM: SY/I - Mr. Shea <i>(Signature)</i>		
FULL NAME OF PERSON OR FIRM HERCZEG, Karl L., Dr.		DATE OF BIRTH 1924	PLACE OF BIRTH -----	
ALIASES AND NICKNAMES -----		RACE -----	SEX Male	
ADDRESS -----		OCCUPATION	EMPLOYER XXXXXXXXXX	
TYPE OF INFORMATION DESIRED <input type="checkbox"/> All information <input type="checkbox"/> Derogatory	CITIZENSHIP STATUS -----	NAT. CERT. NO.	MARITAL STATUS -----	
NAME OF ORGANIZATION		HEADQUARTERS ADDRESS		
REPLY <input type="checkbox"/> Material attached <input type="checkbox"/> No record <input type="checkbox"/> No derogatory information <input type="checkbox"/> Other	OSTENSIBLE PURPOSE			
	NAMES OF LEADERS OR SPONSORS OR AFFILIATED ORGANIZATION			
ADDITIONAL INFORMATION				
<p>DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2003 2005</p>				
<p><i>ND</i> <i>done by 3 June 60 PS 8 June 60</i></p> <p><i>File in []</i></p>				
DATE	CHECKED BY			
	<p><i>81 MAY 1960</i> <i>31-5-60</i></p>			