

REPUNCH

PERSONALITY (201) FILE REQUEST

TO	RI/ANALYSIS SECTION	DATE	08 OCT 59	ACTION		
FROM	RID/201/EE	ROOM NO.	1028 L	OPEN	<input checked="" type="checkbox"/> AIRING	CLOSE
		TELEPHONE	2231			

INSTRUCTIONS: Form must be typed or printed in block letters.
SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.
SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.
SECTION III: To be completed in all cases.

SECTION I					
<input checked="" type="checkbox"/> SENSITIVE	<input type="checkbox"/> NONSENSITIVE	1. SOURCE DOCUMENT			
NAME (Last)	(First)	(Middle)	(Title)	2.	
AGH, LASZLO					
NAME VARIANT		(Middle)	(Title)	3.	
<p style="text-align: center;">RI/ANALYSIS COPY TO BE DESTROYED UPON RECEIPT OF MACHINE LISTING</p>					
PHOTO	4.	BIRTH DATE	5.	COUNTRY OF BIRTH	6.
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	02-11-08	CSR
OCCUPATION/POSITION			7.		
			CITY OR TOWN OF BIRTH		
			OTHER IDENTIFICATION		
			1. 2. 3.		
			OCC/POS. CODE		
			9.		

SECTION II	
CRYPTONYM	PSEUDONYM

SECTION III																
COUNTRY OF RESIDENCE	10.	ACTION DESK	11.	SECOND COUNTRY INTEREST	12.	THIRD COUNTRY INTEREST	12a.									
USA		FE/H		CSR												
COMMENTS:																
CIT. CZECHOSLOVAKIA																
US. LEADER OF COLLEGIATE SOCIETY																
OF HUNGARIAN VETERANS IN																
LWION, NEW JERSEY, VERIFIED																
<table border="1"> <tr> <td>PERMANENT CHARGE</td> <td>RESTRICTED FILE</td> <td>SK</td> </tr> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>								PERMANENT CHARGE	RESTRICTED FILE	SK	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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DECLASSIFIED AND RELEASED BY
 CENTRAL INTELLIGENCE AGENCY
 SOURCE METHOD EXEMPTION 3B2B
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2006