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(b)(3)
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SECURITY INFORMATION

REQUEST FOR TSS TRAINING

DATE: **16 April** 195**3**

1. Name..... **HITCHCOCK** ^c **Peter** **S.** 2. Grade **11**
3. Senior Staff or Office. 4. Div... **EE** 5. Branch.....
6. Projected Assignment (including cryptonym of operation, if any): **Chief**
7. Is trainee to impart knowledge to others? **Yes** To whom?.....
8. Date(s) Desired: Alternate date(s):.....
9. Check training desired:

10. Remarks:.....

Case Officer: T.O.

Room No. Bldg. **K** Extension

11. Date(s) Trained: **7-10 April**

12. Evaluation (degree of proficiency): **Excellent student displayed great eagerness and was very cooperative.**

13. Signed Instructor, TSS

Original Signed By

Chief, Training Division, TSS

Five copies of this form shall be forwarded to Chief, Training Division, TSS to request training.

APPROVED FOR
RELEASE DATE:
28-Jul-2009

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CLASSIFIED MESSAGE

CENTRAL INTELLIGENCE AGENCY

DATE: 15 August 1952

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SECURITY INFORMATION

TO:	ORIGINATING OFFICER:	DIV:	EXTENSION:
FROM:	PRECEDENCE:	EE/	
	TOR:	ROUTED DEFERRED	
	TOD:		

INFORMATION:

[TO:]

CITE: DIR

REF: []

HITCHCOCK, PETER S.

1. REFERENCE ARRIVED AFTER [] DEPARTURE. CURRENTLY HAVE TOTAL [] GRADUATES. [] BEING ASSIGNED TO [] TRAINING. [] AVAILABLE FOR ASSIGNMENT FIELD NOW. DISPATCHING DATA ON THE [] WITH REQUEST YOU PROVIDE SLOT NUMBER AND TGA SOONEST IF DESIRED. WILL FURNISH DATA THE [] OTHERS AS [] TRAINING ADVANCES.

2. PLEASE BRIEF [] THOROUGHLY ON PROJECTED [] ABSORPTION AND RECRUITMENT SCHEDULE DESIRED.

EE/ []

EE/ []

RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

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