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## Investigative Transmittal Sheet

SUBJECT: **HICKS, Calvin W.**  
 TITLE AND GRADE: **GS-13**  
 TYPE:

RETURN TO  
 Background Use Only  
 Do Not Reproduce

DATE: **7 April 67**  
 NUMBER: **43133**  
 CATEGORY: **Employee**  
 REC'D OS

The subject case is herewith submitted for limited investigation, as follows:

If at any time investigation should develop information which would constitute grounds for approval or disapproval, the case should be closed and the reports forwarded to us.

☒ 1. Name Checks As Follows:

☐ RETURN WHEN COMPLETED.

AGENCY	PRIOR RETURNS
<input checked="" type="checkbox"/> FBI	
ONI	
ACSI	
STATE (BY)	
STATE (PD)	
<input checked="" type="checkbox"/> CSC	

AGENCY	PRIOR RETURNS
HCUA	
OSI (HQ)	
OSI 4TH DIST.	
I & N	
CSIF	

RECORDED  
 CONTROL DESK

THE FOLLOWING AGENCY MAY HAVE REPORTS ON FILE:

☐ 2. The Following Additional Government Records Are To Be Checked On The Subject Person:

☐ MILITARY SERVICE ☐ ☐ ☐

☐ 3. The Following Additional Government Records Are To Be Checked On The Person or Persons Indicated:

☐ ☐ ☐ ☐

☒ 4. Field Investigation, As Follows:

AREA	EMPLOYMENT	EDUCATION	BIRTH	DEV INF	N'BOR HOOD	POL	CRED	SPEC COV
Washington, D.C. and vicinity					A	X	X	B

Special Coverage As Follows:

### Reinvestigation Program

A. Neighborhood - (10207 Forest Avenue, Fairfax, Va.)

B. Interview subject's supervisor:

5337  
 3B 2627 HQ

*ncac*

The following persons who have applied to or work in this agency may know or be related to subject:

NAME NUMBER LOCATION RELATIONSHIP

ATTACH: 3 PHS