

AGENCY _____

ISD REVIEWER _____

DATE _____

OFFICE/ACTIVITY _____

CONTACT/TELEPHONE NO. _____

REVIEWED ELECTRONIC DOCUMENTS (____) or HARD-COPY (____) Review only one type per sheet. TAKE ADDITIONAL NOTES ON BACK OF FORM

PROVIDE UNCLASSIFIED DESCRIPTION OF DOCUMENTS IN SPECIFIED SECTION

TYPE OF DOCUMENT			LEVEL OF CLASS	DURATION OF CLASSIFICATION					TYPE OF CLASS		SOURCE OF DERIVATIVE		DISCREPANCIES												NOTES					
CABLE/MESSAGE	MEMO/LETTER	REPORT	*Indicate SCI with a dark border around the box. <input type="checkbox"/>	*Indicate improper use with a dark border around the box. <input type="checkbox"/>					ORIGINAL	DERIVATIVE	CANNOT DETERMINE	CLASSIFICATION GUIDE	MULTIPLE SOURCES	SINGLE SOURCE/OTHER	OVERCLASSIFICATION	OVERGRADED CLASSIFICATION	UNDERGRADED CLASSIFICATION	DECLASSIFICATION (Describe on Back)	DURATION	UNAUTH. CLASSIFIER	"REASON" LINE	"CLASSIFIED BY" LINE	"DERIVED FROM" LINE	MULTIPLES SOURCES NOT LISTED	ORIGINAL/DERIVATIVE	MARKING	PORTION MARKING (Indicate Major, +, or Minor, -)	NO DATE OF ORIGIN ON DOCUMENT	OTHER (Describe in NOTES)	

UNCLASSIFIED DESCRIPTION OF DOCUMENTS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

9.

10.

OTHER: