

FASCIMILE TRANSMITTAL HEADER SHEET

For use of this form, see AR 25-11; the proponent agency is ODISC4

COMMAND/ OFFICE	NAME/ OFFICE SYMBOL	OFFICE TELEPHONE NO <i>(AUTOVON/Comm.)</i>	FAX NO. <i>(AUTOVON/Comm.)</i>
FROM:			
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CLASSIFICATION	PRECEDENCE	NO PAGES <i>(Including this Header)</i>	DATE - TIME	MONTH YEAR	RELEASER' S SIGNA TURE
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REMARKS

Space Below For Communications Center use Only

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DA FORM 3918-R, OCT 90

DA FORM 3918-R, NOV 72 IS OBSOLETE

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