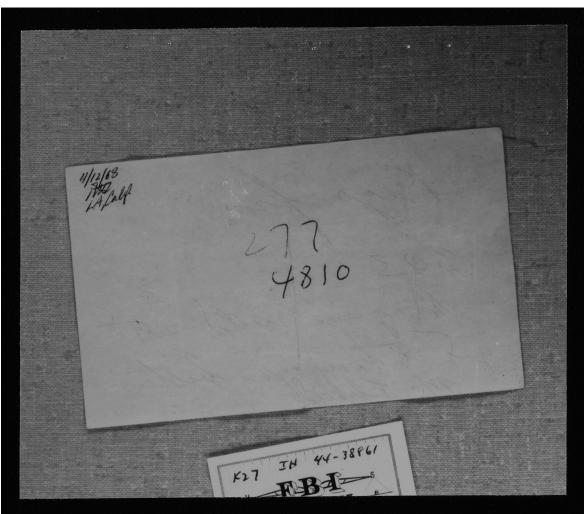


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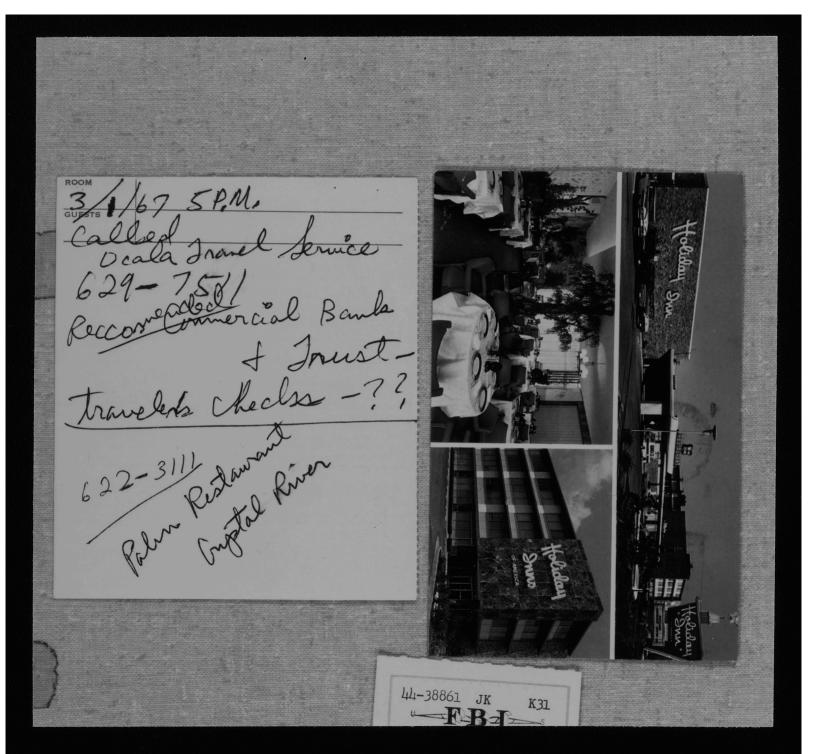
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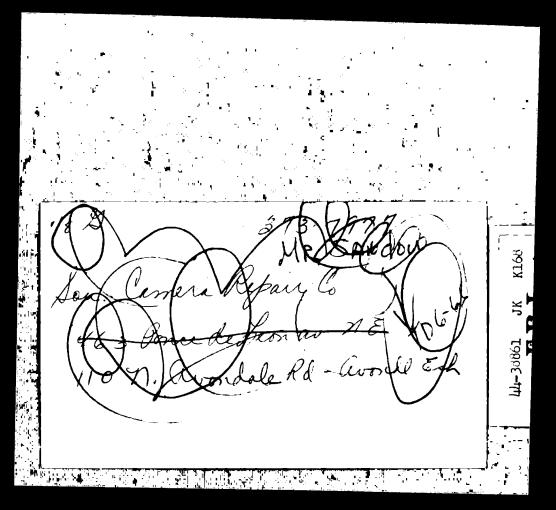
2025 RELEASE UNDER E.O. 14176







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NAME Alvin E. MAGG.	RM./0	
	2-29-68	: : : : : : : : : : : : : : : : : : :
STREET 2223 Colliss Road	700	
FIRM 440-315-415-8	PAID	
CITY Collins STATE	Jut 14034	
MAKE OF CAR LICENSE NO.	STATE	
NOTICE TO GUESTS THIS PROPERTY IS PRIVATELY OWNED AND THE RESERVES THE RIGHT TO REFUSE SERVICES TO WILL NOT BE RESPONSIBLE FOR ACCIDENTS O GUESTS. THE MANAGEMENT PROVIDES A SAFE II AND CANNOT BE RESPONSIBLE FOR YALUABLES GUEST CHECKS THEM AT THE OFFICE.	ANYONE, AND R INJURY TO N THE OFFICE	
REMARKS		
CLERK'S INITIAL TIME CHECKED IN Holiday Dun OF WILLISTON, FLA.		
44-38861 JK кз1		



International Hawester Soles & Serv. 8 2857 C. Ponce de Lan avc. Dec.

UNITED STATES PENITENTIARY LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

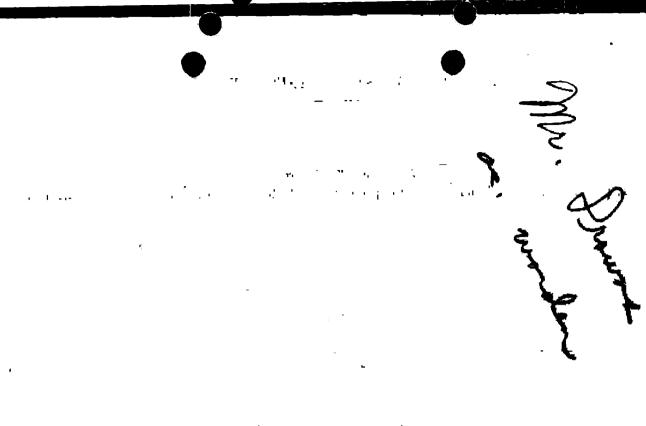
(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstanses.)

UNITED STATES DEPARTMENT OF JUSTICE BURNAU OF PRINCIPAL INMATE REQUEST TO STAFF MEMBER

	Date 5071 2 3- 17
Pos 7:70 . Drowis - as. (Nome and obje of	worden
(Nome and title of SUBJECT: State completely but briefly the problem or	
I would like to m	ne & B-25-5
with the innet when	- bu signed him
pome below. I con	get mu reck
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on the some fot.	
ACTION ENQUESTED: (State exactly how you believ	re space is needed) e your request may be handled; that is, exactly
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Homes E. Roy	No.: 72498
Work and commont: Bulleans - 6	Living quarters: A Den - QS
Grade standing; (1st, 2nd, had):	Al Fland
NOTE: If you follow instructions in proposing your request, You will be instructored, if secondary, in order to estimactorily by your problem may much in no action being taken.	it can be disposed of more promptly and intelligently, sandle your request. Your failure to specifically state
DESPONMENTON: (Do not write in this space)	Date:
3/4 for Khis more 1000	-

PI-LK-1-18-68-636 Pada-8860

Officer



.ga. _______.



REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this

io parole				•	
		REGI	ULAR CORR	RESPONDE	NTS
	I request that t	the followi	ing person(s	s) be added	to my list of correspondents.
					bottom of page.)
	NAME	RELATION	-	OCCUPATION	ADDRESS
(1)			OR SINGLE	}	1
**	(print)	+	 	+	(print)
2)			<u> </u>		
	(print)	CDEC	IAL PURPO	OPP IETTS	(print)
Danning is					unless it is submitted along with this
		-			Purpose Letters to each correspondent
-	· · · · · · · · · · · · · · · · · · ·				your request in space at bottom of page.)
	· · · · · · · · · · · · · · · · · · ·		* * *	- - <u>.</u>	
request	that I be permitted	1 to write		OCCUPATION	Letter(s) to the following Person(s):
ETTERS	- (VO) (VO) (VO) (VO) (VO) (VO) (VO) (VO)		RELATION	UCLUFA 12.	Partition 1
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	(print)			,	(print)
(2)			<u></u>	·	(print)
	(print)	CH	ANGE OF	ADDRESS	
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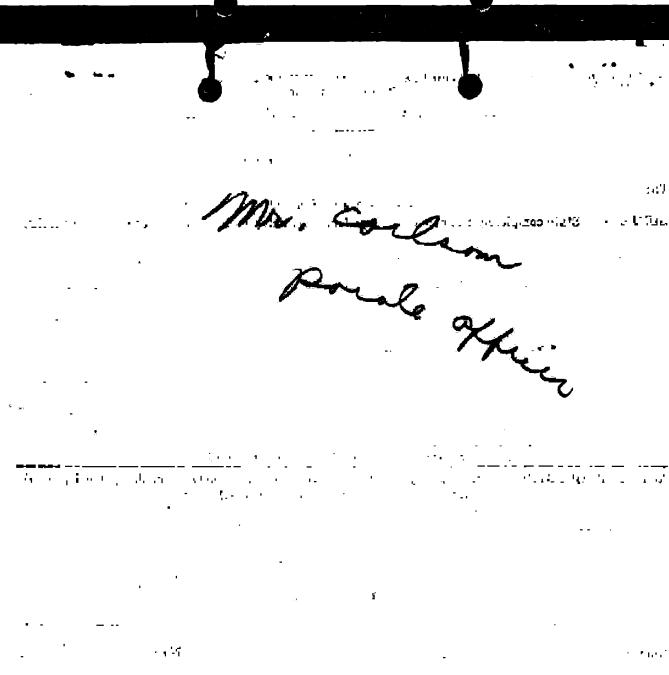
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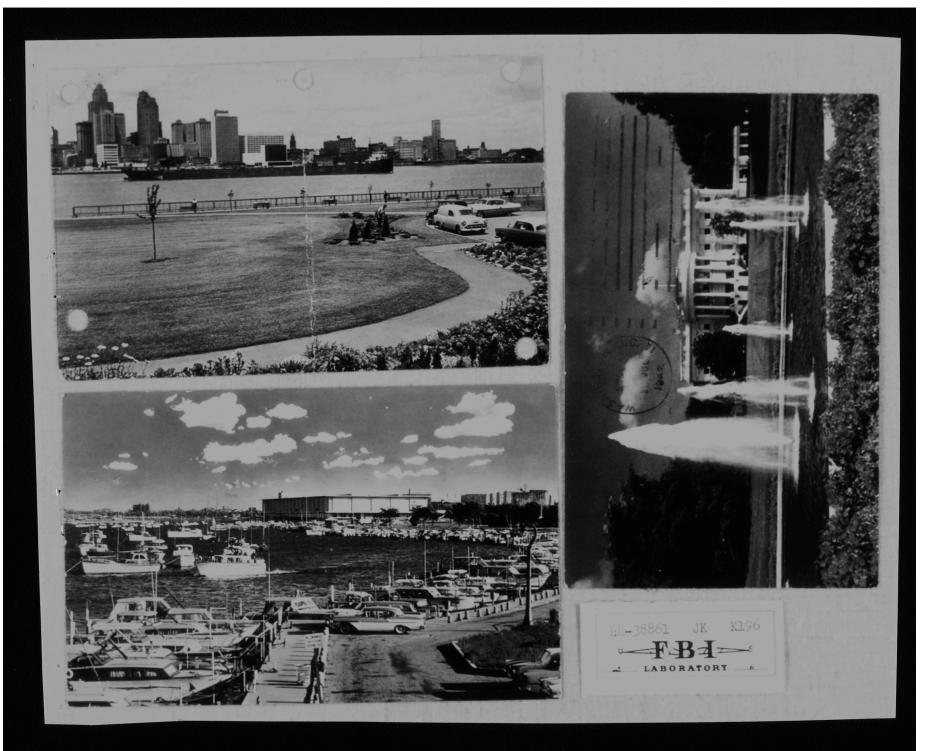
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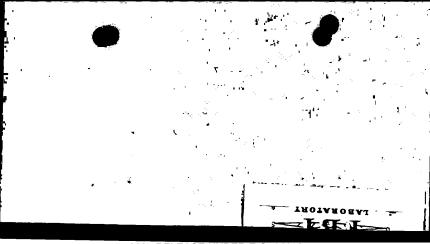
INMATE REQUEST TO STAFF MEMBER

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	(Name and title of office	• •	- (Climin Juhaltan)
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	7		ميروروخ معد المناشق والمعادي
Name: Samuel. E	<u> </u>	No. ;	1498
Work automount: B. B.	Cus	Living quarters: \mathcal{B}	155 call lung
		Travelle dien ters	
Grade standing; (1st, 2nd, 8rd):			
NOTE: if you follow instructions in You will be interviewed, if messentry, in your problem your result in no action bet	preparing your request, it can order to satisfactorily handle or taken.	be disposed of more prom	TENSCHOOL STATE
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цц-38861 JK K257







2025 RELEASE UNDER E.O. 14176

POST OFFICE POST MASTER

IF THE F.B.I. WONTS RAY BUBDY;

BO TO 124 BRO ADWAY METEROPOL HOTEL

ROOM 117. HE MAY UNDER NAME GEORGE

LET SINGER OR GEORGE AND FRON. HE KNOW

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BYTHE F.B.I.

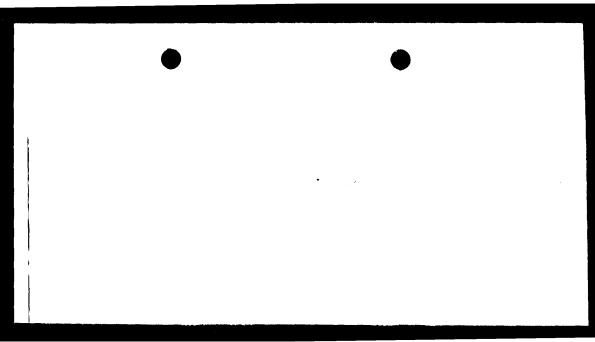
Handprinting of Deorge R. Tetoinger, take. 6/13/68

Aprenie Agent Aruski W.

O'Bellin F. B. I.

44-38861 JK K485

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2025 RELEASE UNDER E.O. 14176

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	Street 212	'3 - Nor	th 12th.	Avenue			Void 30 days after.		
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	W	<u> </u>	170	6'0" APPLICANT	Br	Br	Jeff		
Upon the succes Probate in Cour must be done wi	ity of examinati	on where ; er completion	you will be issu m.	ed a temporar	receipt at	iter paying	of Licenses or Judge of the required fee. This Last		
sales Bell & Howe	Occupation of appli	cant		Date	<u> </u>	4-10 2	0-68 Verni		
Inside Examiner)			_	Receipt n	ımber	Signature of	clerk 5 187		
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16.10 Have you	ever been addicted	to the use o	f intoxicating liquidation are	ors narcotic dru	gs 🗆? Are yo I understand	ou now cured?	Yes No .		
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			NOTICE TO	APPLICANT			
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Probate in Cou	nty of examinat v ithin 30 days a ft	ion where y er completion	ou will be issuen.	ed a bemporai	ry receipt al	ter paying	the required fee. This
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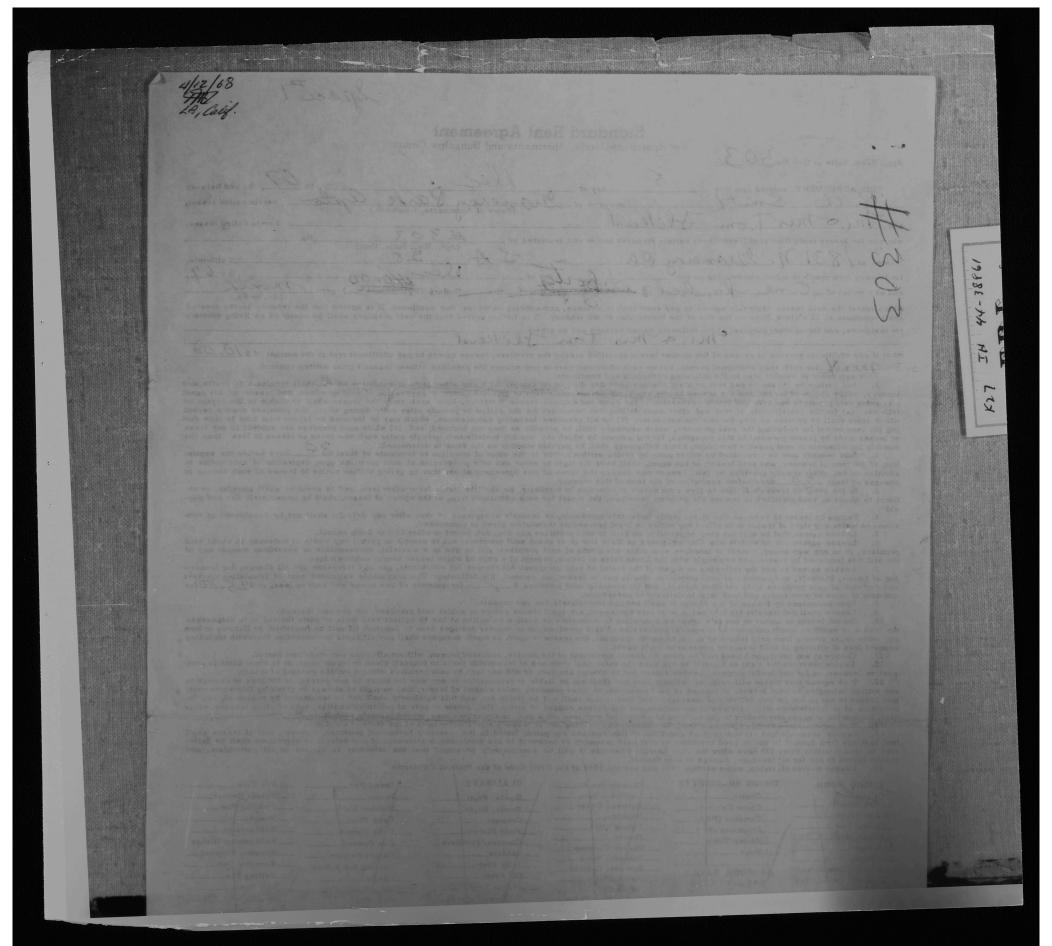
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rd	☐ Have you		your driver	license or pr	ivilege revoked	□ suspended □	cancelled	or denied []?	what year?
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side Examiner	7,05			Receipt n	umber	> V	10
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2. [] Are your license	Driven Cycle Li new or have you ev expired? Yes Li ever been convicte	ver been licen To M. If yes,	sed to drive in an what year did it on of the motor ve	y other state? Wi expire? hicle laws? If ye	s, when?		Is your other sta
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	ever been a patient			or leeple minded	A Mueles		
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do solemnly swear on my license being o	or affirm that all st ancelled.	atements on t	his application are	true and correct.	I understand	that any false	information herein will resu
			Signe	Myo	le j	Middle or Maid	en land
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To: Dr. Darago From: Dr. French The ideational content of what I no consider to be delessional thinking consisted of the belief that I was an experimental subject and that my behavior was being recorded by electronic devices hidden in the house where we frame lived and that the information derived from it would be used by people sometal will the masonic order to prove psychoanalytic Theory. I've believed that the Catholic abund or at least some individuals in the Catholic church were trying to enterfer with this and to have me by psychological means. Due believed in The post that programs on television were presented with me in mind and with the idea of influencing me specifically by the people who were connected with the Trasonice order and the order of Eastern Star. The believed in the past that the food we ale was treated in such a way so that our behavior - that is The Beliavior of my wife and obeldren and myself-



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			of lessor's rights under law							
			pment listed in the inventor							
find that any item thereof is not in good condition or that said inventory is incorrect in any particular, a statement of any defects or objections shall be delivered to lessor within three (3) days after the date hereof; otherwise it will be conclusively presumed that the inventory is correct in all particulars, and										
	Il breakage, damage or loss		, , , , , , , , , , , , , , , , , , ,							
			civil Code of the Stat∳ of Cal	ifo rn ia,						
LIVING POOM	DINING RMDINETTE	bu a le	\ GLASSWARE	An	Dr. Tr					
LIVING ROOM	Chairs	Dresser Scaff	\ 1	Bread Pan	Pie Tins					
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Ash Trays	China Cabinet	Mattress Cover	Bowls, Sugar	Butcher Knife	Pudding Pan					
Beds, Day	Curtains (Pri)	Napkins	Creamer	Qake Pan	Range					
Beds, Wall	Draperies (Pt.)	Pillow Slip	Fruit Dishes	Cake Turner	Refrigerator					
Carpet	Dining Table	Shower Curtains	Giasses/Tumplers	Can Opener	Refrigerator Dishes					
Chairs, Desk	→ Rugs	Spreads, White	Goblets	Campet Sweeper	Roaster, Covered					
Casirs, Occasional_	\ 	Spreads, Colored	Jaily Dish	Carving Set & Steel	Rossting Pan					
Chairs, Overstuffed	REDROOM, BATH &	Table Cloths	Of Cruet	Chars	Rolling Pln					
1 1	PRESSING ROOM	Table Pads	Pickie Tray	\ 1	Salt Box					
Consoles	Beds	Toilet Sea Cover _	Shakers, Pepper	—Chop\Bow	Sauce Pan					
Curtains (Fr.)	Nattress	Towels, Bath	Shakers, Sall	Chop Knife	Scrub Brush					
Davenport	Pilows	Towels Face	Sherbets	Coffee\Canister	1					
Desid & Bibiter	Chairs	1 1	Vineger Cruet	Colanddr	Shakers					
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Lamps, Table	Dressing Table Bench	Bowls, Sugar	Knives, "Shreader_	Flour Sixter	Table					
Mattress	Lamps	Creamer	Knives, Dinter	Frying Pan	Table Mat					
Mirror	Night Stan	Cups, Fouldon	Spoons, Bouilion	Funnel	Table Sprons					
Picture	Pictures	Cups, Coffe	Spoons, Soup	Garbage Pail	Tea Canister					
Pillow d	Rugs	Cups, Egg	Spoons, Sugar	Grater	Tea KettI					
Rugs, Large	Soap Rack	Gravy Boat	Spoons, Table	Ironing Board	Tea Spoons					
Rugs, Small	Towel Rack	Plates, B.&B	Spoons, rea	Kettles, Large	Tea Strainer					
Rugs, Runners	Wastebasket	Plates, Dinner	Soup Ladie	Kettles, Small	7 7 7					
Shade		Plates, Salad		Knives and Forks_	Tin Lids					
Studio Couch \	1 131536	Planes, Soup	***************************************	Lemon Reamer	Toaster					
Tables, End	LINENS	Piakters	KITCHEN EQUIPMENT	Matc Box	Toilet Blush					
Tables, Coffee	Bath Mat	Sarce Dishes	Asbestos Mat	Meaduring Cup\	Trays					
Tables, Occasional	Bath Rug	Saucers	Basting Spoon	Mixing Bowl	Waste Basket					
	Blankets (Pr.)	Tea Pot	Bisquit Cutter	Мор	Wire Fork					
Veste Basket	Cloths, Pish	/	Bowl Strainer	Muffin Tin	MISCEL LANEOUS					
	Cloths, Face	Vegetable Dishes	/		h					
X Told	Doilies		Bread Board	Paring Knife						
Marie	Dresser Top		Bread Box	Percolator						
17. This agreement	shall inure to the benefit of t	he lessor and his success	ors in interest.							
IN WITNESS WHEREO	F, both parties have set the	ir hands the day and year	first above written.		_					
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1 June	my work left	1000	Mond	o // Jus	a a					
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FORM 5A3 Standard Form of APARTMENT ASSOCIATION OF LOS ANGELES COUNTY, INC., 551 So. Oxford, Los Angeles, Calif. 90005 'Phone: 384-4131 Copyright 1937.

Agent

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4.0		nt vision do you v		- · · · · · · · · · · · · · · · · · · ·				
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10.9	-	ever been addict						— · · · · — ·
in my	geomes point	or affirm that all i cancelled.	HAVEINGERES OIL T	nus appudation are	srue and correct.	A widerstand	unat any falso	information herein will result
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Which Motor 8. Cl & Are you : Beense	Driven Cycle . If now or have you ever expired? Yes . No	under a different been licensed	ere you licensed? out name, what n I to drive in any hat year did it e	What ame? What other state? What state?	type license w	as insued? O	perator's D Learner's permit D
3. p Have you	ever been convicted	of a violation	of the motor veh	icle laws? If ye	s, when?		
Where	<i>-</i>			 	What offens	se?	
8. H D Have you	ever had your drive	er license or pr	ivilege revoked [] suspended [] (cancelled [] or	denied □? W	to be relicensed? Yes No
4 Tor distan	nt vision do you wea	r glasses 🗆 con	itact lenses []?				
7. To Have you	ever suffered from	epilepsy 🗀 fai	nting spells 🛘 d	ilzzy spells 🗆 bla	ckout spells []	? Are you no	ow cured? Yes 🗆 No 🗇
Do you h	eve any physical [mental 🖸 defea	ts that would in	ake it difficult fo	or you to opera	ate a motor v	ehicle safely?
When	ever been a patient discharged? ever been addicted			•			Van D. No. C.
. .	or affirm that all sta						information herein will result
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	ave any physical 🗆	mental 🗆 de	fects that would n	ake it difficult for	you to opera -	te a motor veh	icle safely?
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	discharged? ever been addicted		d intoxicating liqui	 xrs □ narcotic dru	gs 🖂? Are vo	u now curad?	Yes C. No C.
	or affirm that all st						information herein will result
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· 0)	Street 95.	Void 30 days after.									
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Date of birth	Race	Sex	Weight	Height	Eyes	Hair	Date passed County of Residence				
	w	m	165	5-9	Blue	Br	ButleR				
•			NOTICE TO	O APPLICANT	•	<u>, </u>					
Probate in Cou	Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion. Applicant's signature Pirst Middle or Majden Leet										
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Which Motor 2. Cl Are you i	ever taken any par county!	under a diffe ver been lice log If yes,	Were you licensed grent name, what i used to drive in a what year did it	What name?what any other state? axpire?	Which States	Michig	perator's Learner's permit Learner's permit				
4. It is your de	iver license or driv	ing privilege	now under susper	sion or revocation	n in any state?	If yes, which	h state?				
Which	t vision do you we	er glasses 🗆	OL Why? KE	PINEOL L.	82623	en authorized	to be relicensed? Yes 🗆 No 🗆				
<u> </u>	ever suffered from we any physical []						now cured? Yes No				
Suplain						a miocof (venuos sustyv				
-	ever been a patient discharged?	in an institut	tion for the insane	or feeble minded	i? Where?						
16. C Have you	When discharged?										
I do selemnly swear or affirm that all statements on this application are true and correct understand that any false information herein will result in soy license being cancelled.											
i.	•		Signe	con	am	fiddle on Mark	- June				
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2	City Aubur	n	Sta	Ala.	86830	. <u> </u>	3-2/-68
Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	White	Male	185	5-11	Blue	Br.	lee
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	Occupation of appl	icant		Date	7 //		-60
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Document used to ve	erify birth			1			
Which Motor: 3. [] Are you m license 3. [] Have you Where	county?	f under a diff ver been licer No Die II yes, d of a violati	erent name, what r used to drive in any what year did it e on of the motor ve	What mame? What mame? wher state? When expire? hicle laws? If yes	ich state? W., when? What offer	vas issued? Og	generator's Learner's permit
4. S Is your di							
			privilege revoked Why?				to be relicement? Yes No 🗆
	it vision do you we				-	-	,
•							w cured? Yes 🗆 No 🗆
8. 10 Do you he Explain		mental □ de	efects that would m	ake it difficult fo	r you to oper 	ate a motor v	ehicle safely?
	ever been a patien	t in an institu	tion for the insane	or feeble minded?	Where?		
•			of intoxicating lique				-
I do solemnly swear o in my license being ca	e affirm that all si neciled.	atements on	this application are	true and correct.	I understand	that any false	information herein will result
Form DL-2 (Rev. Dec.	1966)		Signe	TAM. First	L May	Medical of Maide	un lesses

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		70							ı				-			VEHICLE DEFECTS:		Owner: Non-Or	vner: D	PERMIT NO ACCOMPAN	YING		
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		g.							l					$\ \ $		NUMBER:	e handling	Ao- cept.	Needs		pplicant's Signat	14	Nooda Trac
on date	Ì								-							:	Loc'n Controls Traffic Observ.		True.	STOP SIGNS	Braking Placement		
Expiration																START	Motor Oper'n Shifting Gears Traffic Observ.			TRAFFIC LIGHTS	Braking		上
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		6														BACKING	Traffic Observ. Speed Lane				Turn Signal Lane		
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II	Ė	88			_	_	-		_ -	_ _	-		_ _	-	\parallel	TURN	Placement Traffic Observ. Positioning	<u> </u> 	<u> </u> -	ONE-WAY STREET	Placement Changing Signal	<u> </u>	
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Ì										Ì						START ON UP GRADE	Brake Control Motor Oper'n.		<u>-</u> }	OTHER SIGNS	Taking Observation Action	 	<u> </u>
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×			INT GROVE		te ALABA	WA 35127		3-29-68
r	Date of birth	Race	Sex	Weight	Height	Eyes	Hair	Date passed County of Residence
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<u></u>		White	Male	165	5-10 APPLICAN	Grey	Bro	JEFFERSON
Pr	obate in Cou	essful completion inty of examinat rithin 30 days aft	ion where per completic	you will be issu	ard must be ta sed a tempora	Elina	ofter paying	of Licenses or Judge of the required fee. This
	AC	Occupation of appl	S SER.		Date	3-24 Shin	hals	tre
nside	Examiner	Applicant's emplo			Receipt	number	Signature of	フライマ
Joeum	ent used to v	erify birth						
1. X	Which Motor Are you :	Driven Cycle []. If now or have you ex- expired? Yes [] I ever been convicte	under a different licens	Were you licensed? erent name, what n sed to drive in any what year did it e on of the motor veh	Whatame? Whatame? Whatame? Wither state? With expire?	t type license Thich state? res, when?	was issued? O	Perator's Learner's permit
4.00 8.00	Have you Which		ver license or	privilege revoked	□ suspended □	cancelled o	r denied 🗆? W	ha state?
7. K	☐ Have you	ever suffered from	epilepsy 🗆 f	ainting spells di				w cured? Yes No . chicle safely?
10. pt 1 do so 1/1 tray	When	ever been a patient discharged?ever been addicted or affirm that all stancelled.	to the use of	f intoxicating liquo	 ors □ narcotic di	rugs 🛛? Are 3		Yes No D.
Form 1	DL-4 (Rev. Dec.	1965)		Bignet	Mullar Fir	n Con	Middle or Maid	len Last
	•			•	իկ-388 61	JK K2	58	

UNITED STATES DEPARTMENT OF JUSTICE BUREAU OF PRISONS

UNITED STATES PENITENTIARY LEAVENWORTH, KANSAS 66048

Received this date (5/3/68) from CARL F. ZARTER,
Administrative Assistant, C & P, USP, Leavenworth, Kansas
twenty-two (22) miscellaneous documents all pertaining to
former USP inmate JAMES E. RAY, BSP #72498-L.

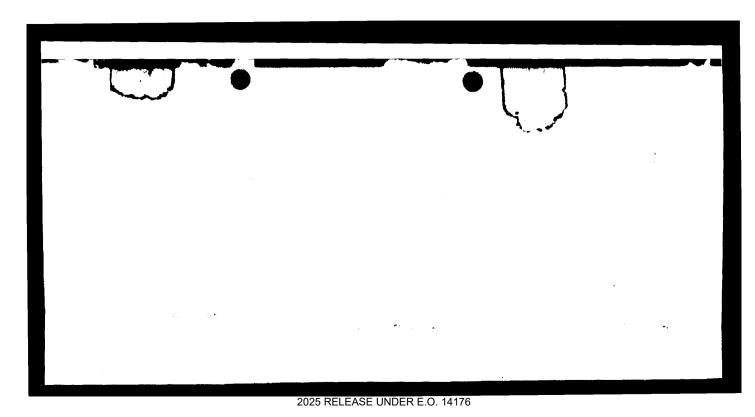
The above mentioned documents are to be beturned to ZARTER upon completion of examination.

Leonard L. Ayres - PBP

5/3/68

CARL F. ZARTER - USP

5-3-68 5/3/68



	-
u. s. penitentiary, leavenworth, kansas	
The enclosed check No. 10. 78.813 in the amount of \$ 35.63 represents	K257
Balance of your account () Meritorious Earnings () Month of	0
Industries Earnings () Month of	H,
Mr. James Earl Ray c/o Mr. Richard H. Johnson	- E
U. S. Probation Officer	3886
April 1, 1958 Federal Building (Date) Kansas City, Mo.	, 14–38861
Pormerly Res_No. 72h98-L	<u> </u>
(Inmate's Number)	• •
War	

UN'TLO STATES PENITENTIA'Y LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstanses.)

to parole office	DECI	II AD CODI	DECDONDE	NTS
I request that th				to my list of correspondents.
				bottom of page.)
NAME	RELATION	MARRIED	OCCUPATION	
		OR SINGLE		
(1)				
(print)				(print)
(2)				
(print)	CDEC	IAI DUDDA	OCE IETTE	(print) ERS
/ Description As and a Special B				
· ·	-		_	unless it is submitted along with this Purpose Letters to each correspondent
•				your request in space at bottom of page.)
you will require to complete y	· , , , , , , , , , , , , , , , , , , ,			
I request that I be permitted	to write	(a) Specia	l Purpose I	Letter(s) to the following Person(s):
NO. OF NAME			OCCUPATION	ADDRESS
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(1) (horles Wh	the en		Toda C	Daise city mo
(print)	ਰ		0	(print)
(2)		L		
(print)	CH	ANCE OF	ADDRESS	(print)
Please change the address of 1			NDD NESS	
Trease change one accress of a	ily collect	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C/-,
to				(If you are in one of the
(Attach letter notifying	you of c	hange of ac	idress;	S. S.
industries, are you sending p	art of yo	ur earning	s to this p	person? (YES 🔲) (NOO 🗍)
				90
				(Give clear and full explanation
If add	itional s	pace is nec	essary, use	reverse side.)
-7 1 gut	and	Tr	me_	Cut:
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	j			
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NAME	<u> </u>	NUMBER,	12 41	LOCATION ZOLANDA
	, J 1	-4		
WORK ASSIGNMENT	الريب ال	2/- 2-		DATE
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MAIL ROOM			DO N	OT WRITE IN THIS SPACE
To: CENTRAL FILE				•
Date:				
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Mr. col

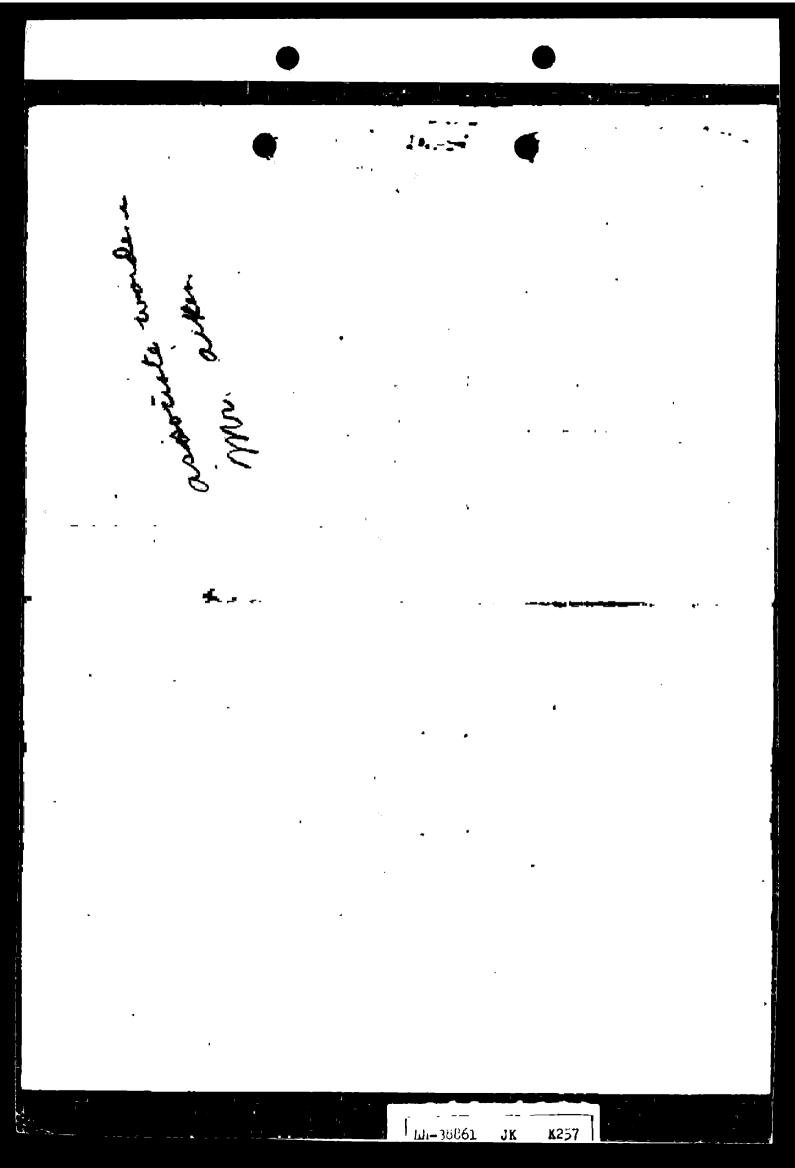
цц-36861 JK K257

Adm. Form No. 10 (Brv. Mar, 1949)

THE STATES DEPARTMENT OF JUSTICE BURGAU OF PRISONS INMATE REQUEST TO STAFF MEMBER

To: M. A. Sub-lect: State complete Sir.	(Name		er)	e assistance.	(Give details.)
2 mould	like \$	how	Lon	inte	
with ye	a tulu		-den	e to	
ACTION REQUESTED:	(Use other side of (State exactly how what you think s	you believe you	ır request ma	y be handled	; that is, exactly
Name: Lorse	E Pag			No.: 72	412
Work Congression Ba	Kery - B		Living quar	ters: A. 12	mark-si
Grade standing: (1st, 2n	d, 3rd):			M. Odlia	•
NOTE: If you follow inst You will be interviewed, if ne your problem may result in no	ructions in preparing yo cossary, in order to sati action being taken.				
DISPOSITION: (Do not	write in this space)		Date:		##
and Jan	sy fa	m	-		

Officer



UNITED STATES PENITENTLY LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(Me request for change of Correspondents or Special Purpose Letters will be considered unless this form to properly completed. All questions must be answered fully and instructions followed exactly. Engrephendents will be added only under very exceptional and highly urgent circumstances.)

	·=			***	to my list of correspondents.
	(Give				oction of page.)
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		1	OR SINGL	•	
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		_ 	1		
	(pript)		L	- 	(grind)
		· SPEC	IAL PUR	POSE LETTE	RS
		-1 -1 -1			unless it is submitted along with this
					Purpose Letters to each corresponden
wf1	I require to complete	your busin	obs, Give	reason for y	rour request in space at bottom of page.
في السامية .	in the The courth	مفلامه عنفاهم	Cal Sans	al Bussana T	etter(s) to the following Person(s)
	1) 1994 I de bérmiro		MOLATICH	GCCUPATION L	ADDRESS.
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UNITED STATES DEPARTMENT OF JUSTICE BURNAU OF PRISONS

INPATE REQUEST TO STAFF MEABER

Dato Sen 24-1956
m oc. Worden Drowns
(Nums and title of officer)
SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details
Lee Sir
_2 would like to get on the
writing list for B. down. if It
proceeds on on med. security.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- Flat gar
(What is the other of many if were the state)
(Use other side of page if more space is needed) ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exact
what you think should be done, and how.)
soutie
- 70,000
Name: 5 Ray No.: 72418
Work sesignment; Pour & Shop Living quarters: 4 CH 300
Grade standing: (1st, 2nd, 3rd):
NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligent. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to prepare problem may result in no action being taken.
DARFORITION: (Do not write in this space) Date: JAN 3.0 1856
The lay me to more to BD phillones ASSOCIATE WARDEN
is the first
The lay me to mome to BD thettone ACCOUNTE WARDEN
AC (L
Julia.
4
Officer

2025 RELEASE UNDER E.O. 14176

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UNITED STATES DEPARTMENT OF JUSTICE BURNAU OF PRIMARY OF STAFF MEMBER
To: Man Date Viel - 8-1956 (Name and title of officer)
SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.) The possiblity of a for thouse
when you get around to it.
(Use other side of page if more space is needed)
ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)
-13-14
Work assignment: Part Alex Living quarters: A. C. H. # 300 Grade standing: (1st, 2nd, 3rd): / Let
NOTIFE: If you follow instructions in preparing your request, it can be disposed of more problem to instructions in preparing your request, it can be disposed of more problem. Tour failure Tour failu
Reguests a work clarge Ulem
Cover-no action to be taken
(OVER) PPI-LK-1.485-0,000 pade-1001 Officer

UNITED STATES DEPARTMENT OF JUSTICE BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

	Date 3-4-56
To: tresunt worden (leoure
SUBJECT: State completely but briefly the probl	itie of officer) em on which you desire assistance. (Give détails.)
Like Mi	
The state of the s	- apply for a temper
to the night	Bokery, as I here their
an opening think	it a medium cud, fet
which I am. I me	or you about a transfer a
carple week ogs an a	indesited you would
assure if it was &	if more epice is needed)
	believe your request may be handled; that is, exactly
Lanes & Barrier	No.: 42498
b. Tola	D' 1
Grade standing: (1st, 2nd, 8rd): / SXT.	Living quarters: D - Dehane US-Ke
NOTE: If you follow instructions in preparing your re You will be interviewed, if necessary, in order to satisfact your pesblem may result in no action being taken.	quest, it can be disposed of more promptly and intelligently. orily handle your request. Your failure to promptly state
DISPOSITION: (Do not write in this space)	Date: MAR - 7 1956
Maline Such	ASSOCIATE WARDEN

Ш₁-38861 JK

K257

FPI-LE-1-18-84-4M Pads-8049

The Team That

UNITED STATES DEPENDENT OF JUSTICE. BURNAU OF PERSONS

INMATE REQUEST TO STAFF MEMBER

			Date_3-	5-56	
To: Mr. ll	inthem -	so and title of of	terwort		
	Г (27 0 %				
SUBJECT: State comp	letely but briefly th	e problem on v	vhich you desire	assistance. (Give details.)
Jean Lie	<u> </u>			##	
D young	1 like	70	pp4	1- 1	
		<u> </u>		Jan a	A
- July sou	The s	regulation.	Booking	, as 2	Mar.
School and	a francis	Dan	on m	ellinen c	with.
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		of page if more			
ACTION REQUESTED:	(State exactly he what you think			y be handled; th	at is, exactly
يق يكاني	eafor Joh Marie	t blingfi ne dôit	e, and now.)		
					
And the second section of the section of the sect	فيميان والمحادد ومع وسيدو والمثر في في معادلتا		وعري مستور <u>بيان مي دين مستور مينا استور</u>		
					
Name Lines de	E. Bu			No.: 47	1498
		Λ		•	
Work assignment:		Lope	Living quar	ters: B. Dea	and the same
Grade standing: (Lat. 21	id, 8rd): _/	-			
MOOTH: 14 year follow inst			can be disposed of	more premptly as	nd intelligently.
You will be interviewed, if m pour problem may went in m	becausery, in order to a b action being taken.	satisfactorily han	dle your request.	Your failure to s	pecifically state
Market Market and		- \$	50.4		
DISPOSITION: (Do not	write in reas-space	e). ‡	Date:		
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Adm. Paris 70 10 (Sev. Mar. 1946)

UNITED STATES DEPARTMENT OF JUSTICE BURBAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

	Date Much - 14-56
To: Mr. Cop Rosale	office
(Name and SUBJECT: State completely but briefly the prob	title of officer) lem on which you desire assistance. (Give details.)
Symbol : Since completely but briefly the prod	of the state assistance. (Give details.)
March 1 Gran	ed like to see
135, 1 Kome D.	my aunt, see
unte a letter for	it it would
be necessary &	see the letter ?
could sent it I	you It to pag
a deat 5 mus	which settle when
sente the ins.	
The state of the s	if more space is needed)
	believe your request may be handled; that is, exactly
What you think shoul	d be done, and now.)
35- to Zim Lucille K	yen Mas WESTIAL TIE
339t So 7 16	3-11-2 VELLES MAIS 1854
a Coming Sel.	BY SIT
Name: Mala E. Ros	No.: 72498
Work assignment: Design State	b 10
Work assignment: Quade Standing: (Let, 2nd, 8rd): / St.	b
Grade standing: (1st, 2nd, 3rd): / 5/	b 10
Ocade standing: (1st, 2nd, 3rd): / 5/	Living quarters: B- Locate course, it can be disposed of more promptly and intelligently.

PP!--LK--1-18-56--6M Pade-- 3040

Officer

UNITED STATES PENITENTIARY LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly Correspondents will be added only under very comptional and highly urgent direumstanses.

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TO	ra	ĸυ	L.E.	OF	r I	した

- REGULAR CORRESPONDENTS

I	request	that	the fo	Howin:	g perso	n(s)	be a	dded	l to my	1 i :	it of	correspondents	١.
		(Give	reaso	n for 1	equest	in s	pace	a t	bottom	οí	page.)	

(Gi			-,	
NAME	RELATION		OCCUPATION	ADDRESS
		OR SINGLE		
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)				4:0
(print)	SPF	CIAI PIIRP	OSE LETTERS	(print)
quest. Indicate in the pr	oper column	the number	of Special Pu	less it is submitted along with this rpose Letters to each correspondent request in space at bottom of page.)
request that I be nermit	ted to write	e (a) Specia	! Purnose Let	ter(s) to the following Person(s):
. OF NAME	ted to write	RELATION	OCCUPATION	ADDRESS
TTERS				
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(print)		+		(print)
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(print)				(print)
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dustries, are you sending the request is submit	of my corre	change of a cour earning	orn 3 ? y 2 llu ddress! s to this pers	(If you are in one of the son? (YES []) (NO [])
Attach letter notify dustries, are you sending. The request is submit	of my corre	change of a cour earning following respace is necessary	ddress; (Giessary, use re	(If you are in one of the son? (YES []) (NO [])