

Request for Records Disposition Authority

(See Instructions on reverse)

To: **National Archives and Records Administration (NIR)**
Washington, DC 20408

1. From: (Agency or establishment)

2. Major Subdivision

3. Minor Subdivision

4. Name of Person with whom to confer

5. Telephone (include area code)

Leave Blank (NARA Use Only)

Job Number

Date Received

Notification to Agency

In accordance with the provisions of 44 U.S.C. 3303a, the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.

Date

Archivist of the United States

6. Agency Certification

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached _____ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies:

is not required is attached has been requested

Signature of Agency Representative

Title

Date (mm/dd/yyyy)

7. Item Number	8. Description of Item and Proposed Disposition	9. GRS or Superseded Job Citation	10. Action taken (NARA Use Only)