

PAPERWORK REDUCTION ACT  
COLLECTION DISCONTINUATION FORM

Agency/Subagency

OMB Control Number

— — — — — - — — — — —

Title of Collection:

Current Expiration Date

Requested Expiration Date  
to Discontinue Collection

Month/Year

Month/Year

Reason for Discontinuation:

Signature of Senior Official or Designee:

Date:

For OIRA Use

\_\_\_\_\_  
\_\_\_\_\_