REQUEST FOR RECORDS DISPOSITION AUTHORITY		LEAVE BLANK (NARA use only)	
		JOB NUMBER	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD, COLLEGE PARK, MD 20740-6001		Date Received	
1. FROM (Agency or establishment)		NOTIFICATION TO AGENCY	
2. MAJOR SUB DIVISION		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request, including amendments is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
3. MINOR SUBDIVISION			
4. NAME OF PERSON WITH WHOM TO CONFER	5. TELEPHONE	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 needed now 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; or ☐ has been requested.

DATE	SIGNATURE OF AGENCY REPRESENTATIVE	TITLE

7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
	See attached sheets		