

**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

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