

REQUEST FOR RECORDS DISPOSAL AUTHORITY
 (See Instructions on reverse)

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|---|-----------------------------|
| LEAVE BLANK | |
| JOB NO NC1-330-79-2 | |
| DATE RECEIVED October 18, 1978 | |
| NOTIFICATION TO AGENCY | |
| In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10. <div style="font-size: 2em; font-weight: bold; text-align: center; margin-top: 10px;">Withdrawn</div> | |
| Date | Minist of the United States |

TO **GENERAL SERVICES ADMINISTRATION,
 NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408**

1 FROM (AGENCY OR ESTABLISHMENT)
Office of the Secretary of Defense

2 MAJOR SUBDIVISION
Washington Headquarters Services

3 MINOR SUBDIVISION
Records Management Division

4 NAME OF PERSON WITH WHOM TO CONFER
J. E. HAINES

5. TEL EXT
695-0970

6 CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 1 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

A Request for immediate disposal.

B Request for disposal after a specified period of time or request for permanent retention.

| | | |
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| C. DATE 27 SEP 1978 | D. SIGNATURE OF AGENCY REPRESENTATIVE <i>James S. Nash</i> James S. Nash | E. TITLE Records Administrator |
|-------------------------------|---|--|

| 7 ITEM NO | 8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods) | 9. SAMPLE OR JOB NO | 10. ACTION TAKEN |
|--------------|---|---------------------------|---------------------|
| 1. | <u>DoD Civilian Employee's Outpatient Health Records</u> See attached. | | |
| 2. | <u>DoD Civilian Employee's Clinical Records</u> See attached. | | |