
Request for Records Disposition Authority

Records Schedule Number

Schedule Status

Agency or Establishment

Record Group / Scheduling Group

Records Schedule applies to

Major Subdivision

Schedule Subject

Internal agency concurrences will
be provided

Background Information

Item Count

Number of Total Disposition Items	Number of Permanent Disposition Items	Number of Temporary Disposition Items	Number of Withdrawn Disposition Items

Outline of Records Schedule Items for: _____

Sequence Number	
1	Disposition Authority Number: _____ Program Records
2	Disposition Authority Number: _____
2.1	Disposition Authority Number: _____

Records Schedule Items

Sequence Number	
1	<p data-bbox="381 451 722 493">Disposition Authority Number</p> <p data-bbox="381 808 576 850">Final Disposition</p> <p data-bbox="381 861 511 903">Item Status</p> <p data-bbox="381 913 738 1081">Is this item media neutral? Do any of the records covered by this item currently exist in electronic format(s) other than e-mail and word processing?</p> <p data-bbox="381 1092 738 1165">GRS or Superseded Authority Citation</p> <p data-bbox="381 1323 738 1365">Disposition Instruction</p> <p data-bbox="381 1375 592 1417">Cutoff Instruction</p> <p data-bbox="381 1428 722 1470">Transfer to Inactive Storage</p> <p data-bbox="381 1480 722 1606">Transfer Electronic Records to the National Archives for Pre- Accessioning</p> <p data-bbox="381 1617 755 1690">Transfer to the National Archives for Accessioning</p>

What will be the date span of the initial transfer of records to the National Archives?

How frequently will your agency transfer these records to the National Archives?

	Estimated Current Volume	Annual Accumulation
Electronic/Digital		
Paper		
Microform		
Hardcopy or Analog Special Media		

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 in this schedule are not now needed for the business of the agency or will not be needed after the retention periods specified.

Signatory Information

Date	Action	By	Title	Organization
			System Owner	
			Program Manager	
			Records Management Liaison Officer	
			Departmental Records Officer	