

Obsolete Unclassified Records Disposal Authorization

**Agency Name**

**Agency Code**

**Certification Statement**

I certify that, to the best of my knowledge and after due inquiry, these records are not required to support current or future business or operational needs, nor are these records subject to any current or pending audit, litigation, subpoena, or other legal demand for their retention or disclosure. The request for their disposal is submitted in accordance with the retention schedule cited below.

The record series below provide appropriate categorization of the unclassified records.					
<b>Record Series Number</b>	<b>Record Series Title</b>	<b>Retention Period</b>	<b>Date From</b>	<b>Date To</b>	<b>Box Total</b>
Attach additional sheets if necessary.					
<b>Notes:</b>					

<b>Bureau</b>	
<b>Bureau Head Signature</b>	
<b>Bureau Head Name</b>	
<b>Date</b>	
<b>General Counsel Signature</b>	
<b>General Counsel Name</b>	
<b>Date</b>	
<b>Agency Head Signature</b>	
<b>Agency Head Name</b>	
<b>Date</b>	