

AGENCY REVIEW FOR CONTINGENT DISPOSAL		DATE OF NOTICE	DISPOSAL DATE		
<p>THE RECORDS DESCRIBED ARE NOW SCHEDULED FOR DISPOSAL CONTINGENT ON COMPLETION OF SOME ACTION OR EVENT. PLEASE REVIEW THIS ACCESSION TO DETERMINE WHEN THE RECORDS MAY BE DESTROYED AND RETURN THIS FORM INDICATING YOUR APPROVAL OR DISAPPROVAL. IF YOU APPROVE, THE RECORDS WILL BE DESTROYED ON THE DATE YOU INDICATE BELOW. IF YOU DISAPPROVE, PLEASE INDICATE A NEW REVIEW DATE. NO ACTION WILL BE TAKEN ON THESE RECORDS UNTIL THIS FORM IS RETURNED TO OUR OFFICE.</p> <p style="text-align: center;"><i>PLEASE ACT PROMPTLY</i></p>		RECORDS DESCRIPTION			
		ACCESSION NUMBER		SUBGROUP	
		DISPOSAL AUTHORITY		VOLUME <i>(Cu. Ft.)</i>	
		SERIES DESCRIPTION			
<input type="checkbox"/> APPROVED	DISPOSAL DATE <i>(Month and year)</i>	<input type="checkbox"/> DISAPPROVED	NEW REVIEW DATE <i>(Year)</i>	SIGNATURE / TITLE	DATE
ADDRESS OF AGENCY			ADDRESS OF FEDERAL RECORDS CENTER		
<i>NATIONAL ARCHIVES AND RECORDS ADMINISTRATION</i>				NA FORM 13000	