

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 on the attached  $\frac{1}{2}$  page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the is not required; is attached; or has been requested. SIGNATURE OF AGENCY REPRESENTATIVE DATE HÓWĂŘD N. ĞREENHALGH Chief, Records Management Program Division 9. GRS OR 7. 10. ACTION ITEM 8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION **SUPERSEDED** TAKEN (NARA JOB CITATION USE ONLY) NO. 1 FN: 608-99a File Title: Inquiries

Authority: **Privacy Act:** Description: Information in response to inquiries made by individuals who are not legal assistance clients nor legal assistance attorneys on the issues of family support, child custody, and paternity. Information that is client-specific would necessarily involve legal assistance services and is governed by AR 27-3. Disposition: Destroy after 2 years. FN: 608-99b 2 File Title: Operations Authority: Privacy Act: Description: Information on the general issues involving Army policies on family support, child custody, and paternity, and on procedures designed to implement those policies. Disposition: Destroy after 5 years.

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