| TO- GENERAL SERVICES ADMINISTRATION, |
| :--- |
| NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408 |
| 1. FROM (AGENCY OR ESTABLISHMENT) |
| Department of the Army |

3. MINOR SUBDIVISION

Records Management Division
4. NAME OF PERSON WITH WHOM TO CONFER
D. L. Pate
6. CERTIFICATE OF AGENCY REPRESENTATIVE
5. TEL EXT.

693-1937


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 $\frac{1}{\text { page (s) are not now needed for the business of }}$ this agency or will not be needed after the retention periods specified.
$\square$ A Request for immediate disposal.


115-107

