

**REQUEST FOR RECORDS DISPOSITION AUTHORITY**  
(See Instructions on reverse)

TO GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

1. FROM (AGENCY OR ESTABLISHMENT)  
**Dept. of Health and Human Services**

2. MAJOR SUBDIVISION  
**Public Health Service**

3. MINOR SUBDIVISION  
**Marine Hospitals Division**

4. NAME OF PERSON WITH WHOM TO CONFER  
**Jacquelyn L. Telson**

5. TEL EXT

LEAVE BLANK

JOB NO  
**NCL-90-83-3**

DATE RECEIVED  
**4-8-83**

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10

**4-20-83** *Robert M. Ware*  
Date Archivist of the United States

6. CERTIFICATE OF AGENCY REPRESENTATIVE

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 1 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

- A** Request for immediate disposal.
- B** Request for disposal after a specified period of time or request for permanent retention.

C. DATE	D. SIGNATURE OF AGENCY REPRESENTATIVE	E. TITLE
3/30/83	<i>Jacquelyn L. Telson</i>	PHS Records Officer
ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO
1	<p><b>Press Copies of Vouchers, Cleveland Marine Hospital 1899-1904.</b></p> <p><b>Tissue copies showing the cost, purpose, and authorization for official purchases of the Cleveland Marine Hospital.</b></p> <p><b>Dispose immediately.</b></p>	10. ACTION TAKEN

*1 item*

115-107 *No Mass Data Change Sheet Required*  
*Copies to agency, NNBR, NNF, 4-22-83, 88.*