Request for Records Disposition Authority (See Instructions on reverse) To: National Archives and Records Administration (NIR)				Leave Blank (NARA Use Only)		
			NI-468-07-1			
	shington, DC 20408 (Agency or establishment)		- Date Receiv	ed / . I .	· · · ·	
	partment of Health and H	Human Services	_  17	Notification	to Agency	
,	Subdivision Lice of the Secretary ((	DS)	U.S.0	C. 3303a, the dis	ne provisions of 44 position request, in-	
3. Minor	Subdivision Lice of Public Health En		items	a that may be man oved" or "withdraw		
	of Person with whom to confer	5. Telephone (include area code) 202-690-5687	Date Street	»7 Å	chivist of the United States	
6. Ager	cy Certification				<u> </u>	
X Signature	ance of Federal Agencies: is not required is atta of Agency Representative	Title DHHS Records Office	n requested		Date (mm/dd/yyyy)	
7. Item Number		and Proposed Disposition		9. GRS or Superseded Job Citation	, 10. Action taken (NARA Use Only)	
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