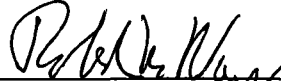


**REQUEST FOR RECORDS DISPOSITION AUTHORITY**  
 (See Instructions on reverse)

LEAVE BLANK	
JOB NO NCL-129-83-2	
DATE RECEIVED 1-4-83	
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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	
6-10-83 <i>Date</i>	 <i>Archivist of the United States</i>

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

1 FROM (AGENCY OR ESTABLISHMENT)  
**DEPARTMENT OF JUSTICE**

2 MAJOR SUBDIVISION  
**BUREAU OF PRISONS**

3 MINOR SUBDIVISION  
**MCNEIL ISLAND**


4 NAME OF PERSON WITH WHOM TO CONFER  
**THOMAS E. WILLIAMS**

5. TEL EXT  
 FTS:  
**724-5998**

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 three 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 12-10-82	D SIGNATURE OF AGENCY REPRESENTATIVE 	E. TITLE CHIEF, DOCUMENTS CONTROL
--------------------	---	--------------------------------------

7 ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
1.	4 cubic feet of X-Ray film (unscheduled) as itemized on the attached SF 135. Seattle FRC Accession 129-80-0027		
2.	34 cubic feet of X-Ray film (unscheduled as itemized on the attached SF 135. Seattle FRC Accession 129-80-0028		
<p>The Central Office Medical staff has provided that interpretations, opinions, etc., related to these films would have been recorded and filed in an appropriate medical file, and that the films would be on no further use. This is particularly so, since the films are very disorganized and it would be extremely difficult to recall any specific film.</p>			
			2 items

10 KR. NINE + Agency sent 4-27-83 by DMU.

**RECORDS TRANSMITTAL AND RECEIPT**

Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.

**1. TO** (Complete the address for the appropriate records center serving your area)

Federal Archives and Records Center  
General Services Administration

As shown in FPMR 101-11.410-1

**2. AGENCY TRANSFER AUTHORIZATION**  
TRANSFERRING AGENCY OFFICIAL (Signature and title) DATE  
D. D. GRAY, Superintendent 09-02-80

**3. AGENCY CONTACT**  
TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No.)  
C. A. Lehensauer, Admin. Systems Manager FTS. 391 8770

**4. RECORDS CENTER RECEIPT**  
RECORDS RECEIVED BY (Signature and title) DATE

**5. FROM** (Enter the name and complete mailing address of the office retiring the records. The signed receipt of this form will be sent to this address)

Copy Room  
Willkins RHP

Federal Prison Camp  
McNeil Island  
Post Office Box 500  
Steilacoom, Washington 98388

Job No. NC1-129-83-2, page 2

Fold line

**RECORDS DATA**

ACCESSION NUMBER			VOLUME (cu. ft.)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (With inclusive dates of records)	RESTRICTION	DISPOSAL AUTHORITY (Schedule and item number)	DISPOSAL DATE	COMPLETED BY RECORDS CENTER			
RG	FY	NUMBER							LOCATION	SHELF PLAN	CONT. TYPE	AUTO. DISP.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
129	83	200-27	34	1 - 34	Inmate X-Ray films and Reports, PHILLIPS, F., Reg No 00002 thru GOOD, William K., Reg No 99656-131 Closing Date: June, 1980	R		Jan 1987				

**RECORDS TRANSMITTAL AND RECEIPT**

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PAGE 1 OF 1 PAGES

1. TO (Complete the address for the appropriate records center serving your area)

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*Copy from Williams, 1987*

Federal Prison Camp  
McNeil Island  
Post Office Box 500  
Steilacoom, Washington 98388

Job No. NC1-129-83-2, page 3

Fold line

6. RECORDS DATA

ACCESSION NUMBER			VOLUME (cu. ft.)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (With inclusive dates of records)	RESTRICTION	DISPOSAL AUTHORITY (Schedule and retention number)	DISPOSAL DATE	COMPLETED BY RECORDS CENTER		
RG (a)	FY (b)	NUMBER (c)							LOCATION (s)	SHELF PLAN (L)	COAT TYPE (I)
100	80	1000	4	1 - 4	C. S. Employee X-Ray films and Reports ADAIR, Leslie thru ZIMMER, Donald  Closing Date: June, 1980.	R		Jan 1987			