REQUEST FOR RECORD DISPOSITION AUTHORITY
(See Instructions on reverse)

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

4 NAME OF PERSON WITH WHOM TO CONFER
   Thomas E. Williams, Documents Control

5 TEL. EXT
   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 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.

7 DATE
   10/6/83

8 DESCRIPTION OF ITEM
   (With Inclusive Dates or Retention Periods)

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>8. DESCRIPTION OF ITEM</th>
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9 SAMPLE OR JOB NO

10 ACTION TAKEN

STANDARD FORM 115
Revised April, 1975
Prescribed by General Services Administration
FPMR (41 CFR) 101-11.4

Agency sent 10-13-83 by DMW.

MASS DATA CHANGE SHEET NOT REQUIRED