

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)  
Veterans Administration

2. MAJOR SUBDIVISION  
Department of Veterans Benefits

3. MINOR SUBDIVISION  
Field Stations

4. NAME OF PERSON WITH WHOM TO CONFER

Mrs. M. M. Leandri

5. TEL EXT

389-3662

LEAVE BLANK	
JOB NO <b>NCI-15-84-7</b>	
DATE RECEIVED <b>12/13/84</b>	
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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	
<b>12-14-83</b> Date	<i>[Signature]</i> 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 <b>12-6-83</b>	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>[Signature]</i> DAVID O'BRIEN	E. TITLE Director, Information and Regulations Staff
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7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
1.	Disability Insurance Control Files, (copies of VA Form 29-1570, Request for Evidence, Folder and/or Examination, or equivalent).  Pending File.  <u>Disposition:</u> Retain each VA Form 29-1570, until information requested has been received. After receipt of information requested, transfer form to completed File.	II NNA 2210 RCS No. 6-002.1	
2.	Completed File.  <u>Disposition:</u> Maintain monthly. Destroy 1 calendar year after placed in file.		

*No Mass Data Change Required  
Agency sent 12-21-83 by DMW.*