

REQUEST FOR RECORD DISPOSITION AUTHORITY
(See Instructions on reverse)

LEAVE BLANK	
JOB NO NCL-129-83-3	
DATE RECEIVED 10-1-83	
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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	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>Patricia M. [Signature]</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 ~~one~~ ^{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 12-13-82	D SIGNATURE OF AGENCY REPRESENTATIVE <i>[Signature]</i>	E TITLE CHIEF, DOCUMENTS CONTROL
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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.	^{1*} cubic feet of records (unscheduled) as itemized on the attached SF 135. Seattle FRC Accession 129-81-0162		
2.	1 cubic foot of records (unscheduled) as itemized on the attached SF 135. Seattle FRC Accession 129-81-0159		
*Volume of accession corrected, May 16/83 <i>[Signature]</i>			
			4 items

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

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

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

As shown in **FPMR 101-11.410-1**

2. AGENCY TRANSFER AUTHORIZATION	TRANSFERRING AGENCY OFFICIAL (Signature and title) D.D. GRAY, SUPERINTENDENT	DATE 06-16-81
3. AGENCY CONTACT	TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No) D.R. Peiffer, Admin Systems Manager FTS 391-8770	
4. RECORDS CENTER RECEIPT	RECORDS RECEIVED BY (Signature and title) /S/ WILLIAM E. McCAFFREY CHIEF, OPERATION BRANCH	DATE 7/15/81

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FEDERAL ARCHIVES & RECORDS CENTER					RECORDS DATA			COMPLETED BY RECORDS CENTER				
ACCESSION NUMBER			VOLUME (cu. ft)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (With inclusive dates of records)	RESTRICTION	DISPOSAL AUTHORITY (Schedule and item number)	DISPOSAL DATE	LOCATION	SHELF PLAN	CONT. TYPE	AUTO DISP.
RG (a)	FY (b)	NUMBER (c)										
100	81	010A	1	1	Quarterly Reports Closing Date: April 1980	W		April 1986				
			1	1	Chronological including FOI Closing Date: 1980			U 1986	22542			
			1	1	Radiological Reports and Inspection Closing Date: June 30, 1980			June 1986				
			1	1	Outside Hospitalization Closing Date: June 1, 1981			June 1986				
			1	1	Annual Medical Statistical BP-3 Closing Date: 1979			1986				
			1	1	Chrono Files by Month			1986				

RECORD 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 101-11.410-2

2. AGENCY TRANSFER AUTHORIZATION
 TRANSFERRING AGENCY OFFICIAL (Signature and title)
[Signature]
D. D. GREY, Superintendent DATE **6/29/81**

3. AGENCY CONTACT
 TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No.)
Don Peiffer, Record Office FTS 391-8770

RECORDS ENTER RECEIPT
 RECORDS RECEIVED BY (Signature and title)
[Signature]
**/S/ WILLIAM E. MCCATREY
 CHIEF OPERATION BRANCH** DATE **7/14/81**

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

**FEDERAL PRISON CAMP
 POST OFFICE BOX 500
 STEILACOOM, WA 98388**

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FEDERAL ARCHIVES & RECORDS CENTER					RECORDS DATA			COMPLETED BY RECORDS CENTER				
ACCESSION NUMBER			VOLUME (cu. ft.)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (With inclusion dates of records)	RESTRICTION	DISPOSAL AUTHORITY (Schedule and item number)	DISPOSAL DATE	LOCATION	SHELF PLAN	CONT. TYPE	AUTO DISP.
RG	FY	NUMBER										
129	81	0159	1	1	UNITED STATE MARSHAL RECEIPTS 1978 thru 1981 (Prisoners)	W		7/85 U	22371	B	A	N