NATIONAL ARCHIVES OF THE PHILIPPINES Pambansang Sinupan ng Pilipinas		AGENCY NAME:		
REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS		ADDRESS:		
DATE:		TELEPHONE NUMBER:		
DATE.		TELEPHONE NUMBER.		
GRDS/ RDS ITEM NO.	RECORD SERIES TITLE AND DESCRIPTION		PERIOD COVERED	RETENTION PERIOD AND PROVISION/S COMPLIED (If Any)
LOCATION OF RECORDS:			VOLUME IN CUBIC METER:	
PREPARED BY: (Name & Signature)			POSITION:	
CERTIFIED AND APPROVED BY:				
This is to certify that the above mentioned records are no longer needed and not involved nor connected in any administrative or judicial cases.				
Name and Signature of Agency Head or Duly Authorized Representative				