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)
Treasury Department

2. MAJOR SUBDIVISION
Internal Revenue Service

3. MINOR SUBDIVISION
Facilities Management Division

4. NAME OF PERSON WITH WHOM TO CONFER
Roy Shiflett

5. TEL EXT
FTS-566-9711

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.

[x] A Request for immediate disposal.

[ ] B Request for disposal after a specified period of time or request for permanent retention.

C. DATE
2-16-84

D. SIGNATURE OF AGENCY REPRESENTATIVE

E. TITLE ~~Acting~~ Program Manager
Records Management Program

7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	Internal Revenue Service. (IRS) Supplemental Security Income (SSI) Interface Disclosure Consent Form		
1.	To destroy the SSA Microfilm Reels of the consent forms that were provided to IRS (see attached memorandum).		
2.	To destroy the magnetic tapes that were later developed and used by IRS to match against the Information Return Selection System (IRSS) file to create a master tape of all the records on this file for SSI recipients and applicants.		
3.	To destroy the master magnetic tapes of the IRSS File created for SSA.		

NO MASS DATA CHANGE SHEET REQUIRED

3 items

NNF & NNS Agency sent 5-7-84 by DMW