**TELEPHONE NUMBER:**

**POSITION:**

**LOCATION OF RECORDS:**

**PREPARED BY:** (Name & Signature)

**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

**VOLUME IN CUBIC METER:**

**RETENTION PERIOD**

**AND PROVISION/S**

**COMPLIED *(If Any)***

**PERIOD COVERED**

**RECORD SERIES TITLE AND DESCRIPTION**

**GRDS/ RDS ITEM NO.**

**ADDRESS:**

**AGENCY NAME:**

**DATE:**

**NATIONAL ARCHIVES OF THE PHILIPPINES**

*Pambansang Sinupan ng Pilipinas*

**REQUEST FOR AUTHORITY TO DISPOSE**

**OF RECORDS**