

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i> REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS		AGENCY NAME: 	
DATE: 		ADDRESS: 	
TELEPHONE NUMBER: 			
GRDS/ RDS ITEM NO.	RECORD SERIES TITLE AND DESCRIPTION	PERIOD COVERED	RETENTION PERIOD AND PROVISION/S COMPLIED <i>(If Any)</i>
LOCATION OF RECORDS: 		VOLUME IN CUBIC METER: 	
PREPARED BY: (Name & Signature)		POSITION:	
CERTIFIED AND APPROVED BY: <p style="text-align: center;">This is to certify that the above mentioned records are no longer needed and not involved nor connected in any administrative or judicial cases.</p> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 30%; margin: 0 auto;"/> <p style="margin: 0;">Name and Signature of Agency Head or Duly Authorized Representative</p> </div>			