Competency/Serial Number:

Date:

RECORDS STORAGE

Fill in the Subject or Description of Files, Inclusive Dates, and Competency/Point of Contact and email the form to:
SSC_LANT_RECORDS_MANAGEMENT_REQUESTS@navy.mil

SUBJECT OR DESCRIPTION OF FILES

INCLUSIVE DATES	COMPETENCY/POINT OF CONTACT

BOX NUMBER	RETENTION PERIOD	DISPOSAL DATE

REVIEWERS

REQUESTOR (Printed name)	DATE	SIGNATURE

RECORDS MANAGEMENT (Printed name)	DATE	SIGNATURE