

ELECTRONIC MEDIA WAIVER REQUEST FOR DLA REPORTING REQUIREMENT		1. DATE	
2. TO:	3. FROM:	4. RCS NUMBER	
		a. CURRENT RCS NUMBER	
		b. CURRENT EXPIRATION DATE	
5. NAME OF REPORT (MUST BE SAME AS BLOCK 5 OF DLA FORM 133)			
6. THIS REPORT CANNOT BE SUBMITTED ON ELECTRONIC MEDIA. PLEASE FILL IN THE FOLLOWING INFORMATION:			
<input type="checkbox"/> a. PRIVACY ACT. REFER TO DLAH 5400.1, DLA SYSTEMS OF RECORDS HANDBOOK. SPECIFY REASONS BELOW:			
<input type="checkbox"/> b. COMPUTER PROGRAMMING CHANGE REQUEST. LIST MILESTONE DATES BELOW:			
<input type="checkbox"/> c. OTHER. EXPLAIN BELOW:			
7. DIVISION OR OFFICE HEAD		8. STAFF DIRECTOR	
a. TYPED NAME		a. TYPED NAME	
b. TITLE		b. TITLE	
c. SIGNATURE	d. DATE	c. SIGNATURE	d. DATE