

RECORDS TRANSMITTAL AND RECEIPT

Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.

1. TO *(Complete the address for the records center serving your area as shown in 36 CFR 1228.150)*

2. AGENCY TRANSFER AUTHORIZATION

TRANSFERRING AGENCY OFFICIAL <i>(Signature and title)</i>	DATE
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3. AGENCY CONTACT

TRANSFERRING AGENCY LIAISON OFFICIAL *(Name, office and telephone No.)*

4. RECORDS CENTER RECEIPT

RECORDS RECEIVED BY <i>(Signature and title)</i>	DATE
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5. FROM *(Enter the name and complete mailing address of the office retiring the records. This signed receipt of this form will be sent to this address)*

Fold line 

6. **RECORDS DATA**

ACCESSION NUMBER			VOLUME <i>(cu. ft.)</i>	AGENCY BOX NUMBERS	SERIES DESCRIPTION <i>(With inclusive dates of records)</i>	RE- STRUC- TION <i>(g)</i>	DISPOSAL AUTHORITY <i>(Schedule and item number)</i>	DISPOSAL DATE <i>(i)</i>	COMPLETED BY RECORDS CENTER			
RG <i>(a)</i>	FY <i>(b)</i>	NUMBER <i>(c)</i>							LOCATION <i>(j)</i>	SHELF PLAN <i>(k)</i>	CONT- TYPE <i>(l)</i>	AUTO- DISP <i>(m)</i>