

RECORDS TRANSMITTAL AND RECEIPT		Complete and send original and two copies of this form to the appropriate Records Center for approval prior to shipment of records. See specific instructions on reverse.		PAGE 1	OF 1 PAGES
1.TO (complet the address fo the records center serving your area as shown in AAAAAA nnnn.nn) Records Center			5. FROM (Enter the name and complet to mailing address of the office refering the records. The signed receipt of this form will be sent to this address)		
2. AGENCY TRANSFER AUTHOR- IZATION	TRANSFERRING AGENCY OFFICIAL (Signature and title)	DATE			
3. AGENCY CONTACT	TRANSFERRING AGENCY LIASON OFFICAL (Name,office and telephone No.)				
4. RECORDS CENTER RECEIPT	RECORDS RECEIVED BY (Signature and title)	DATE			
6. RECORDS DATA					
FILES ID (d)	FILES NAME (e)	FILES DESCRIPTION (With inclusive dates of reccords) (f)	DISPOSAL AUTHORITY (Schedule and item number) (h)	DISPOSAL DATE (i)	
3	File	Title B	Disosal Authority A		
25	File 11	Administration	Disosal Authority A	2006-12-31	