

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.

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OF
1 PAGES

1. TO (complete the address for the records center serving your area as shown in AAAAAA nnnn.nn)
Records Center

5. FROM (Enter the name and complete to mailing address of the office referring the records. The signed receipt of this form will be sent to this address)

2. AGENCY TRANSFER AUTHORIZATION
TRANSFERRING AGENCY OFFICIAL (Signature and title) DATE

3. AGENCY CONTACT
TRANSFERRING AGENCY LIASON OFFICIAL (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 records) (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