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.*)

Federal Records Center

5. FROM (*Enter the name and complete mailing address of the office retiring 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 LIAISON OFFICIAL (*Name, office and telephone No.*)	
4. RECORDS CENTER RECEIPT	RECORDS RECEIVED BY (*Signature and title*)	DATE

Fold Line

6. **RECORDS DATA**

ACCESSION NUMBER			VOLUME (*cu. ft.*)	AGENCY BOX NUMBERS	SERIES DESCRIPTION (*With inclusive dates of records*)	RESTRICTION	DISPOSAL AUTHORITY (*Schedule and item number*)	DISPOSAL DATE	COMPLETED BY RECORDS CENTER			
RG	FY	NUMBER							LOCATION	SHELF PLAN	CONT. TYPE	AUTO. DISP.
(*a*)	(*b*)	(*c*)	(*d*)	(*e*)	(*f*)	(*g*)	(*h*)	(*i*)	(*j*)	(*k*)	(*l*)	(*m*)