

- 1. Transmitting Office _____
 Building and Room _____
 Telephone No. _____
- 2. Transmittal No. _____ For Year _____
- 3. Total Boxes _____

4. Box Number	5. Item Number as on Schedule (contact Archives if item does not appear on schedule)	6. Title of Records, exactly as listed on Retention and Disposal Schedule (Records referred to more than once every six months should not be transferred)	7. Inclusive Dates of Records in Each Box

8. Restriction on Records: (YES___) (NO___) Note: If yes, attach copy of justification.

<p>ARCHIVES USE ONLY</p> <p>Accession No. _____</p> <p>Record _____</p>
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9. _____ Date: _____
 Transmitting Office Representative

SEND SIGNED FORM TO THE ARCHIVES

 Archives Acknowledgment Date