RE			TAL AND R	approval prior	two copies of this	form	to the appropriate Federa ructions on reverse.	al Records Cen	ter for					
1. TO (Complete the address for the records center serving your area as shown in 36 CFR 1228.150)							5. FROM (Enter the I This signed	name d rece	and complete mailing addres pipt of this form will be sent to	s of the office ret this address)	iring the records.	_1		
2. AGENCY TRANSFER AUTHOR- ZATION		TRANSFERRING AGENCY OFFICIAL (Signature and title) DATE												
3. AGEN CONT	CY ACT	TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No.)												
4. RECO CENT RECE	RDS ER IPT	RECORDS RECEIVED BY (Signature and title)				DATE						!	Fold I	ine
6.						RECOF	RDS DATA							
ACCES	SION	NUMBER VOLUME AGENCY SI		PEDIEO		IC-	DISPOSAL AUTHORITY	DISPOSAL	COMPLETED BY RECORDS CENTER					
RG	FY	NUMBER	(cu. ft.)	BOX NUMBERS	SERIES DESCRIPTION (With inclusive dates of record			RESTRIC- TION	(Schedule and item number)	DATE	LOCATION	SHELF	CONT- TYPE	AUTO- DISP
(a)	(b) (c) (d) (e) (f)			(g)	(h)	(i)	(j)	(k)	(1)	(m)				