

RECORDS TRANSFER REQUEST

1. Department	2. Records Series#	3. Records Series Title	4. Date Completed
5. Person to Contact	6. Title	7. Telephone #	8. Location of Records
9. Department Box #	10. Description Must be Detailed to Facilitate Referencing	11. Access Restriction: ☐ Department Roster ☐ Public ☐ Signed Authority Only ☐ No Access	12. Disposition Codes ☐ D - Destroy ☐ A - Archives ☐ P - Permanent
13. Central Stores Bin Location			
14. Central Stores Box #			
15. Received By	16. Title	17. Date Received	18. Remarks



Office of Central Stores

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