

FOR ARCHIVES USE

ACC. NO.

STATE RECORDS SECURITY MICROFILM  
TRANSFER SHEET

SHEET \_\_\_\_\_ OF \_\_\_\_\_

ALL MICROFILM TRANSFERRED TO THE ARCHIVES MUST BE ACCOMPANIED BY THIS FORM COMPLETED IN TRIPLICATE

1. RECORDS OF:

Agency \_\_\_\_\_

Department \_\_\_\_\_

Division/Section \_\_\_\_\_

Send Receipt to \_\_\_\_\_  
(Name) (Telephone Number)

Mailing Address \_\_\_\_\_  
(Street) (City) (Zip Code)

2. Total No. Rolls Submitted this Date:

FOR ARCHIVES USE:

3. *I hereby certify that this microfilm transferred for security storage to the Illinois State Archives which is in accordance with the following State Records Commission application meets film quality requirements established by the State Records Commission under the State Records Act.*

(State Records Commission  
Application Number)

(Signature of Official)

(Date)

(Print or Type Name and Title of Official)

4.

APPLICATION ITEM NO.	ROLL ID NO. (PLEASE NUMBER EACH ROLL)	TITLE OF RECORDS	START OF ROLL (DATE, PAGE NO., ETC.)	END OF ROLL (DATE, PAGE NO., ETC.)	NEG./ POS.

5. *The above named rolls of microfilm have, on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, been received by the Illinois State Archives for security storage. These microfilm records remain the property of the above named agency. Viewing, removal and/or copying of these records may be done only upon written authority of the said office.*

By \_\_\_\_\_

DAVID A. JOENS, Director  
Illinois State Archives