

RECORDS TRANSFER SHEET

Instructions

1. Submit **Records Transfer Sheet** in duplicate.
2. Transfer to **State Records Center** only records covered by **Disposal Schedule** approved by the State Records Commission, prior to transfer.
3. "Title of Records" on **Records Transfer Sheet** and on **Records Disposal Schedule** must be identical.
4. Agency completes boxes 1 through 10 **only**.
5. Sign and submit both copies of the **Records Transfer Sheet** before box pick up to State Records Center, 3765 Winchester Rd., Springfield. Signed copy will be returned after Center identification numbers are entered.

1. Agency		2. Division			3. Date Mo. _____ Day _____ Yr. _____	
4. Department		5. Contact Person			6. Telephone	
7. Agency Box No.	8. Title and Date of Records	9. Schedule No.	10. Item No.	11. Disposal Date Mo. Yr.	12. Retention Period	13. Record Center Box No.

I hereby transfer the records listed on this form to the State Records Center. I understand and agree that 15 days prior to the disposal date this agency will receive a Notice to Dispose of Records. If our agency does not make arrangements to reclaim these records within 30 days following the disposal date, the records will be disposed of by the Records Center staff.

Signature		Title	
14. Date Mo. _____ Day _____ Yr. _____	15. No. Boxes Received	16. Received By	

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