## ARCHIVAL RECORDS TRANSMITTAL FORM

Please type/print in ink and send to:
Alabama Department of Archives and History (ADAH)
ADAH Accession No.
Government Records Division
P.O. Box 300100, Montgomery, AL 36130-0100
$\qquad$


| Box No. | Box Contents <br> (contents of the first and last folders in the <br> box) | Box Contents <br> Contain Social <br> Security <br> Numbers (Yes or <br> No) | Year Span <br> (years of <br> earliest and <br> latest records <br> in each box) | SG No. <br> (for ADAH use <br> only) |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I do hereby transfer legal and physical custody of the above listed archival records to the Alabama Department of Archives and History (ADAH).

Signature by Authorized Agency Transferring Agent:
Date: $\qquad$
Signature by ADAH Staff for Quality Control Review: $\qquad$ Date: $\qquad$
$\qquad$ Date: $\qquad$

## ARCHIVAL RECORDS TRANSMITTAL CONTINUATION FORM

Please type/print in ink and send to:
Alabama Department of Archives and History (ADAH)
Accession Number: $\qquad$
Government Records Division
P.O. Box 300100, Montgomery, AL 36130-0100

Agency : $\qquad$ Division/Office: $\qquad$
Archival Records Title: $\qquad$

| Box No. | Box Contents <br> (contents of the first and last folders in the <br> box) | Box Contents <br> Contain Social <br> Security <br> Numbers (Yes or <br> No) | Year Span <br> (years of <br> earliest and <br> latest records <br> in each box) | SG No. <br> (for ADAH use <br> only) |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

