

# ARCHIVAL RECORDS TRANSMITTAL FORM

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Alabama Department of Archives and History (ADAH)  
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<b>ADAH Accession No.</b> _____
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Agency: \_\_\_\_\_ Division/Office: \_\_\_\_\_

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Year Span (years of earliest and latest records): \_\_\_\_\_

Arrangement: Alphabetical: \_\_\_ Chronological: \_\_\_ Numerical: \_\_\_ Other/Not Arranged: \_\_\_

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Signature by Authorized Agency Transferring Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature by ADAH Staff for Quality Control Review: \_\_\_\_\_ Date: \_\_\_\_\_

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