STATE RECORDS CENTER TRANSMITTAL FORM

Transmittal	l #
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Send completed form to:

Department of Archives and History
State Records Center
715 Shady Street
Montgomery, AL 36130-0100

Department:		Division:	
Address/Mailing	g Address:		
Records Liaison:		Telephone:	
Records Schedu	le Number or Function/Subfunction if an	ı RDA:	
Records Title: _			
Destruction Date:		Total Volume:Boxes	
Box Number	Contents (Beginning and Ending Record)	Date Span	Location Number (for State Records Center use only)
Approved for Transfer By:			
Received for Storage By:		Date Received:	

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