

**RECORDS TRANSMITTAL AND RECEIPT**

Complete and send original and two copies of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.

1. TO *(Complete the address for the records center serving your area as shown in 36 CFR 1228.150.)*

**Federal Records Center**

---

2. AGENCY TRANSFER AUTHORIZATION

TRANSFERRING AGENCY OFFICIAL *(Signature and title)*      DATE

---

3. AGENCY CONTACT

TRANSFERRING AGENCY LIAISON OFFICIAL *(Name, office and telephone No.)*

---

4. RECORDS CENTER RECEIPT

RECORDS RECEIVED BY *(Signature and title)*      DATE

5. FROM *(Enter the name and complete mailing address of the office retiring the records. The signed receipt of this form will be sent to this address)*

Fold Line

6. **RECORDS DATA**

ACCESSION NUMBER			VOLUME <i>(cu. ft.)</i>	AGENCY BOX NUMBERS	SERIES DESCRIPTION <i>(With inclusive dates of records)</i>	RESTRICTION	DISPOSAL AUTHORITY <i>(Schedule and item number)</i>	DISPOSAL DATE	COMPLETED BY RECORDS CENTER			
RG	FY	NUMBER							LOCATION	SHELF PLAN	CONT. TYPE	AUTO. DISP.
<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>	<i>(g)</i>	<i>(h)</i>	<i>(i)</i>	<i>(j)</i>	<i>(k)</i>	<i>(l)</i>	<i>(m)</i>

**RECORDS  
TRANSMITTAL  
AND RECEIPT  
(Continuation)**

This form is to continue listing of Records Data when space on SF 135 is not adequate. Instructions for completion of SF 135 apply.

TRANSFERRING AGENCY'S NAME

DATE

PAGE

OF

PAGES

ACCESSION NUMBER			VOLUME <i>(cu. ft.)</i>	AGENCY BOX NUMBERS	SERIES DESCRIPTION <i>(With inclusive dates of records)</i>	RESTRICT- TION	DISPOSAL AUTHORITY <i>(Schedule and item number)</i>	DISPOSAL DATE	COMPLETED BY RECORDS CENTER			
RG	FY	NUMBER							LOCATION	SHELF PLAN	CONT. TYPE	AUTO. DISP.
<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>	<i>(g)</i>	<i>(h)</i>	<i>(i)</i>	<i>(j)</i>	<i>(k)</i>	<i>(l)</i>	<i>(m)</i>