



# 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 Page 2

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PAGES

1. **TO** (Complete the address for the appropriate records center serving your area)

**Federal Archives and Records Center  
General Services Administration**

As shown in FPMR 101-11.410-1

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)

● ●

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

Fold Line

## 6. RECORDS DATA

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

**RECORDS  
TRANSMITTAL  
AND RECEIPT  
(Continuation)**

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

TRANSFERRING AGENCY'S NAME

DATE

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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>

## INSTRUCTIONS FOR COMPLETION OF STANDARD FORM 135

### FOR COMPLETION BY THE TRANSFERRING AGENCY

Items 1, 2, 3 and 5 are self-explanatory. Specific instructions for item 6 are as follows:

*Col.*

*Accession Number.* A separate accession number is required for each series of records listed on the form. A series consists of records having the same disposal authority and disposal date that are transferred together to the records center. The accession number is entered in three parts, consisting of:

- (a) The NARS record group number assigned to the records of the agency making the transfer;
- (b) The last two digits of the current fiscal year; and
- (c) A four digit sequential number obtained in advance from the records center. (Arrangements may be made with the center to have these numbers assigned by the agency records officer or other official.)
- (d) *Volume.* Enter the volume in cubic feet of each series of records being transferred.
- (e) *Agency Box Numbers.* Show the inclusive box numbers for each series of records being transferred. The agency shall number each carton sequentially as follows: 1 of 25, 2 of 25, 3 of 25, etc. (Each new series of records should begin with carton number 1.) To facilitate control of the records and future reference service, the agency also shall mark each container with the assigned accession number prior to shipment.
- (f) *Series Description.* Describe the records in sufficient detail to allow the records center to check for proper application of the disposal schedule. Inclusive dates of the records should be indicated. Show the organizational component that created the records when it is other than that shown in item 5.
- (g) *Restriction.* Enter one of the following codes to show a restriction on use of the records. Restrictions other than (or in addition to) security classifications, such as limiting access to certain agency officials, are to be specified by a statement in the Series Description column (f).

*Code*

*Restrictions*

- Q** Q security classification
- T** Top Secret security classification
- S** Secret security classification
- C** Confidential security classification
- R** Restricted use - witnessed disposal *not required*  
(specify in column (f))
- W** Restricted use - witnessed disposal *required*  
(specify in column (f))
- N** No restrictions

- (h) *Disposal Authority.* For each series of records, cite the agency schedule and specific item number authorizing disposal. Cite the NARS disposal job and item number if it has not been incorporated into an updated agency schedule.
- (i) *Disposal Date.* Applying the disposal authority previously cited in column (h), enter the month and year in which the records may be destroyed.

### FOR COMPLETION BY THE RECORDS CENTER

Item 4 is self-explanatory. Specific instructions for item 6 are as follows:

*Col.*

- (j) *Location.* The records center annotates the shelf location of the first carton for each series of records.
- (k) *Shelving Plan.* The records center enters the appropriate code from Chap. 7-10e, HB, Records Center Operations (NAR P 1864.1A), to reflect the shelving system.
- (l) *Container Type.* The records center enters the appropriate code from Chap. 7-10h, NAR P 1864.1A, to reflect the type of container in which the records are retired.
- (m) *Automatic Disposal.* The records center enters either **Y** (yes) to indicate automatic disposal applies or **N** (no) indicating that the agency wishes to receive disposal concurrence notice prior to destruction of the records. Automatic disposal is applied only when previously agreed upon by the agency.

Use Standard Form 135-A, Records Transmittal and Receipt Continuation, when additional space is required for listing records data.