|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECORDS TRANSMITTAL AND RECEIPT** | | | | | | | Complete and send original and one copy of this form to the appropriate Federal Records  Center for approval prior to shipment of records. See specific instructions on reverse. | | | | | | | PAGE  **1** | | OF  PAGES | | |
| 1 TO | | | (Complete the address for the records center serving your area as shown in 36 CFR  1228.150.)  **Federal Records Center**  **4205 Suitland Road**  **Suitland, MD 20746-8001** | | | | | | 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.) | | | | | | | | | |
| Susan L. Sallaway  Records Officer  Federal Housing Finance Agency  Constitution Center  400 7th Street, S.W., Room 4-105  Washington, DC 20024  Fold Line | | | | | | | | | |
| 2 AGENCY TRANSFER AUTHORI- ZATION | | | TRANSFERRING AGENCY OFFICIAL (Signature and Title)  **Susan Sallaway, Records Officer** | | | | | DATE  **--/--/--** |
| 3 AGENCY CONTACT | | | TRANSFERRING AGENCY LIAISON OFFICIAL (Name, Office and Telephone No)  Karen M. Rogers, Records Management Specialist, 202/649-3673 | | | | | |
| 4 RECORDS CENTER RECEIPT | | | RECORDS RECEIVED BY (Signature and Title) | | | | | DATE |
| 6 **RECORDS DATA** | | | | | | | | | | | | | | | | | | |
| ACCESSION NUMBER | | | |  |  |  | | | |  |  |  | COMPLETED BY RECORDS CENTER | | | | | |
| RG | FY | NUMBER | | VOLUME (cu. Ft.) | AGENCY BOX NUMBERS | SERIES DESCRIPTION  (with inclusive dates of records) | | | | RESTRIC- TION | DISPOSAL AUTHORITY (schedule and item number) | DISPOSAL DATE | LOCATION | | SHELF PLAN | | CONT. TYPE | AUTO. DISP. |
| (a) | (b) | I | | (d) | I | (f) | | | | (g) | (h) | (i) | (j) | | (k) | | (l) | (m) |
| CRN 543 | 12 |  | |  |  | These records do not pertain to Native American Indians. | | | | N | (See Box Index attached.) |  |  | |  | |  |  |

NSN 7540-00-634-4093 135-07 Standard Form 135 (Rev. 7-85) Facs

Prescribed by NARA

36 CFR 1228.152

**FEDERAL HOUSING FINANCE AGENCY**

**BOX INDEX OF RECORDS**

**FHFA Form #077 (1/2012)**

Title of Series *(with inclusive date of records)*:



Disposition Authority:

Detailed Description *(optional*):

Transfer Number: 543-12

\_ Number of Boxes in Transfer:

Records Liaison:

Office:

Date

Office Director or Designee:

| **BOX #** | **DATE and TITLE OF FOLDER (starting from front of the box)** |
| --- | --- |
| 1 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |