

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.

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

As shown in
FPMR 101-11.410-1

2. **Agency Transfer Authorization** Transferring Agency Official (Signature and title) (RMLO) Date (mm/dd/yyyy)

3. **Agency Contact** Transferring Agency Liaison Official (Name, office, and phone number)

4. **Records Center Receipt** Records Received by (Signature and title) Date (mm/dd/yyyy)

5. From (Enter the name of complete mailing address of the office retiring the records. This signed receipt of this form will be sent to this address.)

Fold line

6. **Records Data**

Accession RG	Number FY	Number (c)	Volume (cu. ft.) (d)	Agency Box Numbers (e)	Series Description (with inclusive dates(mm/dd/yyyy) of records) (f)	Restriction (g)	Disposal Authority (Schedule and item number) (h)	Disposal Date (mm/dd/yyyy) (i)	Completed by Location (j)	Records Center		
										Shelf Plan (k)	Cont-Type (l)	Auto-Disp (m)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)

Note: Access to these Records is Restricted to persons approved by HUD officials.