



STATE RECORDS CENTER RECORD TRANSMITTAL AND RECEIPT

State Form 23628 (R13 / 5-19)

PAGE NUMBER	TOTAL PAGES
	OF

INSTRUCTIONS:

1. This transmittal must be typed in order to ensure accuracy and legibility.
2. Use one (1) transmittal for each record series number. Number boxes in a continuous sequence, within each series.
3. Complete and send entire form to the Records Center prior to the intended transfer date.
4. A receipt will be given at the time the records are transferred.
5. Location information will be sent to the agency upon completion of shelving.

TO: Indiana State Records Center Indiana Archives and Records Administration 6400 East 30 th Street, Indianapolis, IN 46219 Telephone: (317) 591-5326 Fax: (317) 591-5328 E-mail: recordscenter@iara.IN.gov	FROM: State Agency	Have these records been imaged (<i>check one</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required Have these records been audited (<i>check one</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
	Division	
	Address	
	Location name where records may be picked-up	
	Address where records may be picked-up	

AUTHORIZATION TO TRANSFER RECORDS

Signature of records coordinator	Printed name of records coordinator	Date signed (<i>month, day, year</i>)	Telephone number ()	E-mail address
Name of employee transferring records (<i>if different from above</i>)		Telephone number ()		

RECORDS SERIES

Record series title	Record series number (<i>e.g. 83-79</i>)
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RECORDS DATA

CARTON NUMBER	LAST DATE OF RECORD		DISPOSAL DATE		NOTES	TO BE COMPLETED BY THE RECORDS CENTER		
	MONTH	YEAR	MONTH	YEAR		LOCATION		
						RANGE	ROW	SHELF

RECEIPT OF RECORDS (For office use only.)

Signature of Records Center employee receiving records	Printed / typed name of Records Center employee receiving records	Accession number	Date (<i>month, day, year</i>)
Verified by	Retention years for record series	Last accession number	Last box number