PRINT FORM CLEAR FORM *When entering information, click in first space and tab through form.*
Press <Shift + Tab> to go to previous field.

RMC 104 02 1

Submission Date:
/ /

Box Number
___ ___ ___ ___ ___ ___ ___

Records Management Transmittal

Departmental Information

Office Name: _____ Location: _____

Office Contact: _____ Extension: _____

Supervisor: _____ Extension: _____
(Signature & Title)

Records Center Receipt _____
(Signature & Title)

To be completed by Records Mgt

Brief Description of Box Contents for Easy Reference

Records Data

Record Number	Records Series Title	Retention Period	Inclusion Date		Date for Disposal
			From	To	