

Louisiana State Archives Records Transmittal

1. Accession Number: _____

Record Group Number: _____

2. Name and Address of Agency:

Division of Archives, Records Management and History
P.O. Box 94125
Baton Rouge, LA 70804



3. Records Officer and Title:

Phone:

() _____

4. Restrictions:

5. Total () Boxes () Volumes () Reels () Bundles () Other(specify): _____ : _____

6. Archives Location	7. Agency Box No.	8. TITLE OF RECORDS exactly as listed on Retention Schedule	9. Inclusive Dates

10. Legal custody of all records listed above is hereby transferred to the State Archivist (per R.S. 44, Chapter 5).

_____ Date: ____/____/____

Transmitting Records Officer

_____ Date: ____/____/____

Receiving Archivist

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