

SSARC-103 (11/2023)

Records Center Transmittal Form

Agency Contact Information									
Agency No. (See Retention Schedule):									
Agency Name / Department / Section:									
Address:									
Name of R	Records Officer	and Title):						
Phone:					Email:				
Date:					Expected Disposal Date of Records:				
Total No. of Boxes on this Page:					Total No. of Boxes in Delivery:				
Page No.:					Total Pages of Transmittal Form:				
Records Center Box No.		Beginning Date of Records		Ending Date of Records		Records Series Information (Refer to Agency's Retention Schedule to Complete)			
(RC Use Only)	Agency Box No.	Month	Year	Month	Year	Page No.	Item No.	Records Series Title	
	S	ECTION	BELO	W FOR	RECOR	DS CE	NTER US	SE ONLY	
Date Received: Deliv				ivered & Verified By (Please print name):					
Total No.	of Boxes Rec	eived							