

**RECORDS TRANSMITTAL  
AND RECEIPT**

Complete and send to the appropriate email for approval **prior** to pick-up or shipment of records. Transmittals may be rejected for incorrect form or inaccurate/incomplete information. Shipments may be rejected for unacceptable boxing or not matching the transmittal.

<p>1 To: AGENCY USE <input type="checkbox"/> State Records Center <i>or</i> <input type="checkbox"/> State Archives Center <a href="mailto:state.records@ky.gov">state.records@ky.gov</a>    <a href="mailto:kdla.archives@ky.gov">kdla.archives@ky.gov</a> I acknowledge and agree that records accessioned into the <b>State Archives Center</b> transfer to KDLA's intellectual custody per 725 KAR 1:025, Section 3. Agency Head Signature and Date: _____</p>	<p>4 AGENCY USE Is access to these records restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, cite authority: _____</p>
<p>2 From: AGENCY USE Cabinet/Local Jurisdiction: Department/Local Government Office: Division/Office: Branch/Unit: Records Officer Signature and Date: _____</p>	<p>5 ARM USE Accession/Shipment Number: _____ Record Group Number: _____ Reviewed By: _____ Review Date: _____ Accepted By: _____ Accept Date: _____ Shelved By: _____ Shelved Date: _____ Total Volume: _____</p>
<p>3 AGENCY USE Accounting Template: _____ Total Containers: _____ Retention Schedule Date: _____ Permanent: _____ Destruction Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Records Data

ARM USE		AGENCY USE		
6 LOCATION	7 <input type="checkbox"/> BOX <input type="checkbox"/> ROLL <input type="checkbox"/> BOOK <input type="checkbox"/> BUNDLE <input type="checkbox"/> OTHER:	8 SERIES NUMBER AS ON SCHEDULE	9 TITLE OF RECORDS	10 DATE SPAN OF RECORDS IN EACH CONTAINER

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