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TRANSMITTAL FORM TO THE STATE RECORDS CENTER

TO OBTAIN YOUR SRC CODE NUMBERS FOR THIS SHIPMENT...

Complete (1-12), then mail or fax this form with a copy of the corresponding RCB2T form to the address above.

AGENCY TRANSFERRING RECORDS TO THE S.R.C.

(1) Agency/Division Name: _____

(2) Address/Location of boxes: _____

(2a) Phone Number/Extension: _____

(2b) Name of Records Management Administrator transferring records: _____

DISPOSITION CODES (11)
1 = Destroy after total retention.
2 = Transfer to Archives after SRC Retention
DISPOSITION CONDITION CODES (12)
1 = None
2 = After Closure
3 = After Superseded
4 = After Microfilm
5 = After Automation
6 = After Applicable Audit
7 = See Disposal Schedule

3 BOX No.:	4 DISPOSAL SCHEDULE No.:	5 ITEM No.:	6 SRC USE ONLY SRC CODE NUMBERS:	7 LIST YEAR(S), SERIES TITLE AND CONTENT RANGE PER BOX HERE: Please arrange files in ascending order, first by year, then in alphabetical or numerical order per box for each year.	8 BOX ENDING YEAR	9 TOTAL RETENTION Office + SRC	10 DISPOSAL YEAR	11 DISPOSAL CODE	12 COND. CODE
DIVISION/UNIT			DATE MAILED	IN SIGNING THIS FORM, I CERTIFY THAT I AM THE AUTHORIZED RECORDS MANAGEMENT ADMINISTRATOR (please sign)		No. OF BOXES (PER PAGE)		SRC USE ONLY RECEIVED BY: DATE:	