

Archives Records Transfer Sheet

(Supplementary Page)

All records to be transferred to the legal custody of the Illinois State Archives for permanent retention must be accompanied by this form completed in triplicate.

| Records of: Agency: _____ Division: _____ Section: _____ Date of Transfer: _____ | | | |
|---|--------------------|---------------------|--------------------------------|
| State Records Commission Application and Item Number | Box or Vol. No. | Dates of Records | Titles and Contents of Records |
| | | | |
| For Archives use: Accession no.: _____ Group: _____ Series: _____ Accessioned by: _____ Date _____ | | | |