State of Mississippi
State Records Center

Form SRC – 102 (Rev. 3/90)

RECORDS

TRANSMITTAL AND RECEIPT

Send entire form to:

DEPARTMENT OF ARCHIVES AND HISTORY
DIVISION OF RECORDS MANAGEMENT
200 NORTH STREET
JACKSON, MISSISSIPPI 39201
Voice (601) 576-6810 / Fax (601) 576-6899

Items 1-4 to be completed by Records Center

1. Accession No.	2. RG No.	3. Date Rec'd.
4. Received by (signature)		

5. Records Liaison Officer	6. From (name and address of transmitting agency)	7. Phone
8. Approving Official (signature and title)	9. Location of Records	10. Total SRC Boxes

11. List of records series transferred (item 11a to be completed by Records Center)

a. SRC Box No.	b. Agency Box No.	c. Schedule Number	d. Record Series Title/From-To	e. Date Span of Records	f. Destruction Action & Date

State of Mississippi State Records Center Form SRC – 102A (Rev. 3/90)	**RECORDS** **TRANSMITTAL AND RECEIPT** **(Continued)**	From (Agency)	Page _____of_____ Pages Date_____

11. List of records series transferred (item 11a to be completed by Records Center)

a. SRC Box No.	b. Agency Box No.	c. Schedule Number	d. Record Series Title/From - To	e. Date Span of Records	f. Destruction Action & Date