

ARCHIVAL RECORDS TRANSMITTAL FORM (PERMANENT STORAGE)

Please type/print in ink and send to:
archivalrecords@baldwincountyal.gov



Agency/Entity: _____ Division/Office: _____

Address: _____

Archival Records Title: _____

Total Number of Boxes: _____ Books _____ Folders _____ Other _____

Arranged by: Alphabetical _____; Chronological _____; Numerical _____; Other/Unarranged _____

Restriction of Access: Yes _____ No _____

Justification for Restriction of Access:

Box Number	Box Contents	Contain Social Security Numbers (Yes or No)	Year Span	Location (BCDAH use only)

I do hereby transfer physical custody of the above listed archival records to the Baldwin County Department of Archives and History (BCDAH).

Signature _____ of _____ Authorized _____ Transferring _____ Agent: _____

_____ Signature of _____ BCDAH

staff _____ for _____ Quality _____ Control _____ Review: _____

Signature of BCDAH Director: _____ Date: _____