

RECORDS TRANSMITTAL AND RECEIPT

From:	To: Metro Records Management Metro Southeast 1417 Murfreesboro Pike Nashville, TN 37217 615-862-5885
Department/Division Head (Signature and Title)	Telephone: Date:
Department Records Officer (Signature and Title)	Telephone: Date:
Records Received in Metro Records Management by:	Telephone: Date:
Access Restrictions:	Total Containers Transferred:

This form must be filled out and signatures obtained prior to the transfer of records.

A copy of the completed Transmittal Spreadsheet must be attached.

A copy of all paperwork signed by Metro Records Management staff will be sent to your office as evidence of a successful transfer.

*** If this Records Series has no RDA or GRS associated with it, you must briefly describe the contents and function in preparation for formalizing an approved Records Schedule. Note any legal citations that may regulate the retention. (repeat process as necessary)**

Records Series description: