



**OKLAHOMA DEPARTMENT OF LIBRARIES
OFFICE OF ARCHIVES AND RECORDS
RECORDS MANAGEMENT DIVISION**

RECORDS TRANSFER AUTHORIZATION

AGENCY REQUESTING TRANSFER	DATE PREPARED
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DIVISION or SECTION

AGENCY ADDRESS

NAME OF AGENCY CONTACT	PHONE NUMBER OF AGENCY CONTACT
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SIGNATURE and TITLE of AUTHORIZING

HARD COPY RECORDS
 MICROFILM
 MICROFICHE
 OTHER

RECORDS DISPOSITION SCHEDULE NUMBER	or	RECORDS DISPOSITION AUTHORIZATION NUMBER
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SERIES NUMBER	SERIES TITLE	INCLUSIVE DATES	CARTON #	AUTHORIZED DISPOSITION

(FOR OKLAHOMA DEPARTMENT OF LIBRARIES USE)

ACCESSION NUMBER	DATE RECORDS WERE ACCESSIONED	LOCATION: Row _____ Tier _____ Vault 1 _____ Vault 2 _____
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SIGNATURE of DEPARTMENT of LIBRARIES REPRESENTATIVE