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| LVAlogo_B&WArchives, Records and Collection Services Division800 E. Broad St., Richmond VA 23219(804) 692-3600 | **Archival Transfer List and Receipt**(Form ARC-1 August 2013)**SEE INSTRUCTION SHEET FOR MORE DETAILS** |

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| For library use only: | **Record Group Number** \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Accession Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **1. Agency / Locality / Other Entity**      | **2. Department Name**      |
| **3. Agency / Locality Contact**      | **4. E-mail Address**       | **5. Phone Number & Extension**       |
| **6. Record Pickup Address** **Room, Building, Street, City and Zip Code**      | **7. Mailing Address** **If different from pickup address**      |
| **8. Restrictions to Use or Access**

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes, explain and provide code citation: |

      | **9. Special Notes**      |
| **10. Media Format Please check all that apply**

|  |  |  |
| --- | --- | --- |
| [ ]  CD/DVD | [ ]  Fiche | [ ]  Paper |
| [ ]  Electronic | [ ]  Microfilm | [ ]  Other |

 | **11. ARC-2 (Folder List)**

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| [ ]  Submitted electronically with ARC-1 Form (REQUIRED) |

 |
| **12. Schedule Number**      | **13. Series Number One series per sheet**      | **14. Records Series Title**       |
| **15. Box Number** | **16. Box Contents****Beginning to end** | **17. Date Range** |
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| **18. Agency / Locality Records Officer** Print and sign name      | **19. Date of Authorization**      | **Page** **of**  |
| **Transfer Received By** | **Date Received** |