

**LIBRARY OF VIRGINIA**

Archives, Records and Collection Services Division
 800 E. Broad St., Richmond VA 23219
 (804) 692-3600

ARCHIVAL TRANSFER LIST AND RECEIPT

(Form ARC-1 July 2012)

SEE INSTRUCTION SHEET FOR MORE DETAILS

For library use only: **Record Group Number** _____ **Accession Number** _____

1. Agency / Locality / Other Entity Library of Virginia		2. Department Name Office of the State Librarian	
3. Agency / Locality Contact Erec D. Pfizer		4. E-mail Address erec.phizer@lva.virginia.gov	
5. Phone Number & Extension 804-555-1234			
6. Record Pickup Address Room, Building, Street, City and Zip Code 800 E. Broad St. Richmond VA 23219-8000		7. Mailing Address If different from pickup address	
8. Restrictions to Use or Access <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, explain and provide code citation:		9. Special Notes	
10. Media Format Please check all that apply <input type="checkbox"/> CD/DVD <input type="checkbox"/> Fiche <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Electronic <input type="checkbox"/> Microfilm <input type="checkbox"/> Other		11. Folder List Must use ARC-2 Form for folder list <input checked="" type="checkbox"/> Submitted electronically with ARC-1 Form	
12. Schedule Number GS-101		13. Series Number One series per sheet 012016	
14. Records Series Title Correspondence/Subject Files: Agency Heads			
15. Box Number	16. Box Contents Beginning to end		17. Date Range
1	Appointments - Programming		2005-2006
2	Regional meetings - Year-end budgets		2005-2007
3	A - D		2005-2008
4	E - H		2005-2009
18. Agency / Locality Records Officer Print and sign name Printed Name of Records Officer Signature of Records Officer		19. Date of Authorization 8/15/2013	
Transfer Received By		Date Received	