## **RECORDS TRANSFER LIST**

See reverse for detailed instructions

Instructions: Complete form in duplicate

1. Page 1 of
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## State of Hawaii

Dept. of Accounting & General Services Archives Division Iolani Palace Grounds Honolulu, HI 96813

Ph: 548-2355

2. From (Name of Department)		3. Division and Branch			4. Schedule No.	5. No. of Boxes
6. Restrictions on Use of Records		Yes ☐ No ☐ If yes, attach copy			s, attach copy of a	uthority
	7. Agency Box No.	8. Desc	ription of Records	in each box	( 9	. Inclusive Dates
10. Records Officer (Signature)		Date	11. Records	s Custodian	(Signature & Title)	) Date
12. Records Received by State Archivist Date						

## **INSTRUCTIONS**

1.	Page 1 of	Enter total number of form pages
2.	From (Name of Dept.)	Your department
3.	Division & Branch	Your division and branch
4.	Schedule No.	Enter the General Records Schedule number of the Dept. Records Schedule, SA-1, with approval date (SA-1, dated 3/7/80)
5.	No. of Boxes	Enter total number of boxes. Use standard 1 cubic foot boxes (10x12x15 inches)
6.	Restrictions	Check appropriate box. If yes, cite law or regulation.
7.	Agency Box No.	Number each box sequentially
8.	Description of Records	List contents of each box (folder headings, titles of books, journals, scrapbooks, etc.)
9.	Inclusive Dates	Enter dates covered by records
10.	Records Officer	Signature of the Department/Agency Records Officer certifying the accuracy of the shipment/transfer of records and the date of signature
11.	Records Custodian	Signature of the person responsible for the records being shipped (Division Chief, Branch Chief, etc.)
12.	Records Received	Leave Blank

## Note:

- -All records transferred to the Hawaii State Archives (Iolani Palace Grounds) for permanent retention must be accompanied by two copies of the **Records Transfer List**, SA-6 form.
- -If you need more space to describe your records, use the SA-6A continuation sheet.