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**RECORDS TRANSFER LIST**

Instructions: Complete form in duplicate

See reverse for detailed instructions

State of Hawaii

Dept. of Accounting & General Services Archives Division

lolani Palace Grounds Honolulu, HI 96813
Ph: 586-0329

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 of authority

|  |  |  |  |
| --- | --- | --- | --- |
|  | 7. Agency Box No. | 8. Description of Records in each box | 9. Inclusive Dates |
|  |       |       |       |
| 10. Records Officer (Signature) Date | 11. Records Custodian (Signature & Title) Date |

12. Records Received by State Archivist

Date