State Records Co	enter								I		
Entered:		RECORDS								Page 1	
Picked up:									of Pages		
Form SRC-102 (Rev	. 2/22)			IRA	NSMITTAL AND	RE	CEIPT		01	rayes	
Send entire form to:					Items 1-4 to be completed by Records Center						
DEPARTMENT OF ARCHIVES AND HISTORY DIVISION OF RECORDS MANAGEMENT					1. Transmittal No. 2. RG No.				3. Date Rec'd.		
200 NORTH STREET JACKSON, MISSISSIPPI 39201					4. Received by (signature)						
records@mda	h.ms.gov										
5. Records Liaison Officer					6. From (name and address of transmitting agency)				7. Phon	7. Phone	
8. Approving Official (signature and title)					9. Location of Records				10. Total SRC Boxes		
11. List of records so	eries transferre	ed (item	11a to be complete	d by R	ecords Center)			 			
a. SRC Barcode	a. SRC Barcode b. Agency Box No. c. Schedule No.			d. Record Series Title	e/Fro	m-To	e. Date of	e of Records f. Destruction Date			

State Records Center			RECORI	DS	From (Agency)	Pageof Pages					
<b>T</b> Form SRC-102 - (Rev 2/22)		TRA	NSMITTAL AN (Continue				Date				
11. List of records series transferred (item 11a to be completed by Records Center)											
a. SRC Barcode					d Series Title/From - To	e. Date of Reco	rds f. Destruction Date				