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| Department: | | Records Disposition Schedule Number |
| Bureau: | |
| Division / Office: | |
| Title of Record {from schedule}: | | |
| Approved for Transfer  {Completed by DLR staff} | Requesting Agency Official  {Completed by requesting agency staff} | |
| Name: | Name: | |
| Date: | Phone: | |

| Box | Folder | Description of Contents | Dates |
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