

State of Ohio
Records Transfer List

DEPARTMENT	DIVISION	BUREAU, SECTION OR UNIT	INDIVIDUAL TO CONTACT	TELEPHONE NUMBER	
Agency Box Number	Description of Records (Double Space all Entries) Must Be Same As Description On Retention Schedule	Inclusive Dates of Records	Schedule Number	Disposal Date Month / Year	Record Center Identification Number

Records Forwarded (Signature): _____

Title: _____ Date: _____