

RECORDS TRANSMITTAL AND RECEIPT

Complete and send original and one copy of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.

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OF
1 PAGES

1 TO (Complete the address for the records center serving your area as shown in 36 CFR 1228.150.)

**Federal Records Center
Stop 386
Washington, DC**

5 FROM (Enter the name and complete mailing address of the office retiring the records. The signed receipt of this form will be sent to this address.)

**NIH Records Management Officer
6011 Executive Blvd., Room 601, MSC 7669
Rockville, MD 20852**

2 AGENCY TRANSFER AUTHORIZATION
TRANSFERRING AGENCY OFFICIAL (signature and title) DATE
NIH Records Management Officer

3 AGENCY CONTACT
TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No)
NAME; Phone #; NIH/IC; BLDG/Room#; CAN #

4 RECORDS CENTER RECEIPT
RECORDS RECEIVED BY (Signature and Title) DATE
(Leave this section blank)

Fold Line

6 **RECORDS DATA**

ACCESSION NUMBER			VOLUME (cu. ft.)	AGENCY BOX NUMBER S	SERIES DESCRIPTION (with inclusive dates of records)	RESTRICTION	DISPOSAL AUTHORITY (schedule and item number)	DISPOSAL DATE	COMPLETED BY RECORDS CENTER			
RG	FY	NUMBER							LOCATION	SHELF PLAN	CONT. TYPE	AUTO. DISP.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
443	07	xxxx	3	1/3	^XX (charge code) National Institutes of Health NATIONAL INSTITUTE OF MENTAL HEALTH GRANTS MANAGEMENT BRANCH OFFICIAL FILES CLOSE FY 03 (MH) FUNDED GRANT FILES Privacy Act Records – Yes These Records Are Not Tobacco Related These Records Are Not Related to Prescription Drug Pricing	W	Chapter 1743 4000-B-1	10/2009 <i>(disposals take place Jan, Apr, July, Oct)</i>				