



Agency _____ Record Group _____
(case files, office files, State Court, etc.)

Date _____ to _____ Range _____ to _____
(month/day/year) (month/day/year) (example: 1986 – 1987, or A – H)

Box # _____ of _____

TCA Staff Use Only:

Archived Date _____

D-Date _____

Location _____

Accepted _____ Date: _____

Processed _____ Date: _____

VITAL _____



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