

REC-2 (3/22) RECORDS CENTER REFERENCE REQUEST TO BE COMPLETED BY AGENCY		RECORDS CENTER USE	
BOX BARCODE NUMBER	ITEM	<input type="checkbox"/> GAIN <input type="checkbox"/> DUPLICATE <input type="checkbox"/> UTL <input type="checkbox"/> CHECKED OUT <input type="checkbox"/> RCSA <input type="checkbox"/> DISPO _____	
AGENCY			
TRANSFER LIST NUMBER	<b>Delivery Method</b>		
	AGENCY PICKUP Call: Email:		IN HOUSE Reviewer:
REQUESTER (PRINT)	OGS DELIVERY: GIVE NAME AND ADDRESS,		
NEW YORK STATE EDUCATION DEPARTMENT ♦ NEW YORK STATE ARCHIVES STATE RECORDS CENTER, BLDG 21 STATE OFFICE BUILDING CAMPUS, ALBANY, NY 12226			

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