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| **RECORDS TRANSMITTAL AND RECEIPT** | Complete and send original and one copy of this form to the appropriate Federal RecordsCenter for approval prior to shipment of records. See specific instructions on reverse. | PAGE**1** | OF PAGES |
| 1 TO | (Complete the address for the records center serving your area as shown in 36 CFR1228.150.)**Federal Records Center****4205 Suitland Road****Suitland, MD 20746-8001** | 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.) |
|   Susan L. Sallaway Records Officer Federal Housing Finance Agency Constitution Center 400 7th Street, S.W., Room 4-105 Washington, DC 20024Fold Line |
| 2 AGENCY TRANSFER AUTHORI- ZATION | TRANSFERRING AGENCY OFFICIAL (Signature and Title)**Susan Sallaway, Records Officer** | DATE**--/--/--** |
| 3 AGENCY CONTACT | TRANSFERRING AGENCY LIAISON OFFICIAL (Name, Office and Telephone No)Karen M. Rogers, Records Management Specialist, 202/649-3673 |
| 4 RECORDS CENTER RECEIPT | RECORDS RECEIVED BY (Signature and Title) | DATE |
| 6 **RECORDS DATA** |
| ACCESSION NUMBER |  |  |  |  |  |  | COMPLETED BY RECORDS CENTER |
| RG | FY | NUMBER | VOLUME (cu. Ft.) | AGENCY BOX NUMBERS | SERIES DESCRIPTION(with inclusive dates of records) | RESTRIC- TION | DISPOSAL AUTHORITY (schedule and item number) | DISPOSAL DATE | LOCATION | SHELF PLAN | CONT. TYPE | AUTO. DISP. |
| (a) | (b) | I | (d) | I | (f) | (g) | (h) | (i) | (j) | (k) | (l) | (m) |
| CRN 543 | 12 |  |  |  | These records do not pertain to Native American Indians. | N | (See Box Index attached.) |  |  |  |  |  |

NSN 7540-00-634-4093 135-07 Standard Form 135 (Rev. 7-85) Facs

Prescribed by NARA

36 CFR 1228.152

**FEDERAL HOUSING FINANCE AGENCY**

**BOX INDEX OF RECORDS**

**FHFA Form #077 (1/2012)**

Title of Series *(with inclusive date of records)*:

Disposition Authority:

Detailed Description *(optional*):

Transfer Number: 543-12

\_ Number of Boxes in Transfer:

Records Liaison:

Office:

Date

Office Director or Designee:

| **BOX #** | **DATE and TITLE OF FOLDER (starting from front of the box)** |
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