Clear Form

Print Form

1. TO *(Complete Address)*	2. RETURN SIGNED COPY TO *(Complete Address)*	3. CONTROL/REGISTER NUMBER
		4. DATE DISPATCHED

5. DESCRIPTION *(List document originator, type, abbreviated classification, unclassified subject or title, number of copies and copy numbers if any, attachmentsfollowed by abbreviated classification, other identifying data. Changes in the description (additions, withdrawals, etc.) will be shown with the date and initialsof individual making entry).*

NOTE: ONLY TOP COPY OF SET WILL BE SIGNED.

6. **DOCUMENT RECEIPT**

a. TYPED OR PRINTED NAME AND GRADE	b. SIGNATURE	c. DATE

7. DESTRUCTION CERTIFICATE: *All material described above has been destroyed in accordance with prescribing directive.*

a. SIGNATURE & GRADE OF DESTRUCTION OFFICIAL	a. SIGNATURE & GRADE OF WITNESSING OFFICIAL	c. DATE DESTROYED

DLA FORM 27, JAN 76 (EG) **EDITION OF JAN 69 IS OBSOLETE. ALSO REPLACES DLA FORM 125 WHICH IS OBSOLETE.** **CLASSIFIED DOCUMENT RECEIPT**

PDF (DLA)