

1 TO: (Complete Address)	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, attachments followed by abbreviated classification, other identifying data. Changes in the description (additions, withdrawals, etc.) will be shown with the date and initials of individual making entry).		
<b>NOTE: ONLY TOP COPY OF SET WILL BE SIGNED.</b>		
6. <b>DOCUMENT RECEIPT</b>		
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	b. 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EDITION OF JAN 69 IS OBSOLETE.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DLA FORM 125 WHICH IS OBSOLETE.

PDF (DLA)

**CLASSIFIED DOCUMENT RECEIPT**