

LA JOYA INDEPENDENT SCHOOL DISTRICT

Storage Container Transmittal Form

Please prepare one form for each standard storage container to be sent.

Department/Office/School _____

Box Number _____ of _____

Contents _____

Destruction Date October _____

Sender Name _____

Date Submitted _____

To be completed at Office of Admissions & Records.

Aisle _____ Shelf _____ Position _____ Stack _____

Return to originator.
