

1. TO: (Complete Address)		2. RETURN SIGNED COPY TO: (Complete Address)		3. CONTROL OR REGISTER NUMBER	
				4. DATE DISPATCHED	
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).					
NOTE: ONLY TOP COPY OF SET WILL BE SIGNED.					
DOCUMENT RECEIPT					
6. 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

EDITION OF JAN 69 IS OBSOLETE. ALSO REPLACES DLA FORM 125 WHICH IS OBSOLETE

CLASSIFIED DOCUMENT RECEIPT