1. TO (Complete Address)	2. RETURN SIGNED COPY TO (Complete Address)	3. CONTROL/REGISTER NUMBER
		4. DATE DISPATCHED
		5/112 5/6/11/6/125
5. DESCRIPTION (List document originator, type, abbro	eviated classification, unclassified subject or title, number	er 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 OFFIC	AL a. SIGNATURE & GRADE OF WITNESSING OF	FICIAL c. DATE DESTROYED

DLA FORM 27, JAN 76 (EG) EDITION OF JAN 69 IS OBSOLETE. ALSO REPLACES CLASSIFIED DOCUMENT RECEIPT DLA FORM 125 WHICH IS OBSOLETE.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