

University Archives Records Transfer Form

Office Information

Department/Office Name: _____
Contact Person: _____
Position Title: _____
E-mail: _____ Phone: _____
Campus Address: _____

Records Information

Brief Description of Materials:

Date Span: _____
Number of Boxes: _____
Extent of Digital Material: _____

Items not Retained should be:

Discarded Returned to me Other: _____

I certify that I am authorized to transfer these records to University Archives and that any list provided is accurate.

Signature: _____ Date: _____

UNIVERSITY ARCHIVES USE ONLY	
Received By: _____	Date Received: _____
Extent: _____	Accession #: _____

Please provide a detailed list of records being transferred. You may also attach a separate sheet.

Box/Folder Number	Content Description	Date Range