

University Archives – Records Transfer Form

Description and Inclusive Dates of Records:		Quantity:
Attach Word or Excel document if information cannot fit below.		(# of boxes or containers)
Signature and Title of Official Releasing Records:		Date:
Originating Office (Department):		
Are there any restrictions on this collection? Yes or No		
If yes, what restrictions:		
If materials from this transmittal of records need to be deaccessioned, they are to be:		
Returned to donor Transferred to another collection/repository Destruction (shred)		
FOR USE BY UNIVERSITY ARCHIVES ONLY		
Collection Title:		
Accession Number:	Date Received:	Received By: