University Archives Records Transfer Form

This form documents the transfer of records from a University office to the University Archives for permanent storage. The University Archives will store, preserve, and organize records, and make records accessible to the University community and interested public.

Please attach an inventory of records if possible.

Name of Office / Department transferring records__________________________________________________

Name of Person submitting form__________________________________________________________

Position title and contact information__________________________________________________________

Brief description of records____________________________________________________________________

Date range__________________________________________________________________________________

Number of boxes____________________________________________________________________________

(if transferring digital material)

Amount and format of digital material____________________________________________________________________

Does this material contain any confidential or restricted records? _________
(if yes, please explain)________________________________________________________________________

Signature of person submitting form____________________________________________________________

For Archives staff use only

Date received________________________________________________________________________________

Signature of Archivist__________________________________________________________________________