

University Archives Records Transfer Form

Name of Department Transferring Records:

Name of Person Submitting Form:

Title:

E-mail:

Phone:

Please describe the records being transferred to
University Archives:

Date Range of Records:

Number of boxes (if physical records):

Total file size (if digital records)

(Example: 1 gb)

Do the records contain any confidential or
restricted information?

Yes

No

University Archives Use Only

Received by:

Accession #

Date: