



## University Archives Records Transmittal Form

### To be completed by transmitting office:

1. Transmitting Office: \_\_\_\_\_  
Building and room: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of person preparing shipment: \_\_\_\_\_  
Title: \_\_\_\_\_
2. Date: \_\_\_\_\_ 3. Total boxes in this shipment: \_\_\_\_\_

In the space provided below, please describe the materials being transmitted. Attach an inventory or use additional sheets if necessary. **NOTE: Materials determined not to be of archival value will either be returned to the transmitting office or be disposed of by the Archivist. Mark your preference in column 7.**

4. Box no.	5. Description	6. Inclusive dates	7. Return or Disposal

8. Are materials restricted/confidential? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "Yes," attach explanation)

Transmitting Office Representative \_\_\_\_\_ Date \_\_\_\_\_

Archives Acknowledgement \_\_\_\_\_ Date \_\_\_\_\_

### For Archives Use Only:

Accession Number: \_\_\_\_\_ Collecting Area: \_\_\_\_\_  
Volume: \_\_\_\_\_ Location: \_\_\_\_\_