

University Archives

**Records Transfer Form**

Date:	
Department or Office:	
Location of Office:	
Description of Records to be transferred to Special Collections:	
Inclusive Dates:	
Number of Boxes:	
Restrictions (if any):	
Name & Title of Person Authorized to Request this Transfer:	
Signature:	

**SECTION BELOW TO BE COMPLETED BY SPECIAL COLLECTIONS STAFF**

Date Received:	
Received By:	
Collection Number:	
Collection Name:	