

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: _____