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.**

<table>
<thead>
<tr>
<th>4. Box no</th>
<th>5. Description</th>
<th>6. Inclusive dates</th>
<th>7. Return or Disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>


   Transmitting Office Representative _____________________________ Date ___________

   Archives Acknowledgement _____________________________ Date ___________

For Archives Use Only:

Accession Number: ___________________________ Collecting Area: _________________

Volume: ___________________________ Location: ___________________________

Revised: 5/4/03