

## Records Information & Transfer Form

Please fill this out before transferring records to the archives.

<b>Name of Transferring Office:</b>	<b>Date of Transfer:</b>
<b>Name of Person Transferring Records:</b>	<b>Email:</b>
<b>Campus Phone Number:</b>	<b>Media Format (Please check all that apply):</b> <input type="checkbox"/> Paper <input type="checkbox"/> CD/DVD <input type="checkbox"/> Other:
<b>Restriction to Use or Access:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	
<b>Box contents:</b> <span style="float: right;">Box _____ of _____</span>	

## Instructions & Guidelines

- No hanging folders
- Lay completed form inside the box on top of records
- Do not mark the outside of the box
- Loose papers must be in manila folders