

Records Transfer Form

Name of Transferring Department/Entity:		
Restriction to Use or Access: <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	Media Format (Please check all that apply): <input type="checkbox"/> Paper <input type="checkbox"/> Microfiche <input type="checkbox"/> CD/DVD <input type="checkbox"/> Microfilm <input type="checkbox"/> Other: _____	Alphabet Range: From: _____ To: _____
Box Contents:		Year of Contents: From: _____ To: _____
Box _____ of _____	Special Notes:	
Person Transferring Records:	Ext:	Email:
Signature:		Date:
FOR OFFICE USE ONLY		
Transfer Received By:		Date Received:
Retention Status:	Box #:	Accession #:
Scanned By:		

INSTRUCTIONS & GUIDELINES

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