

TRANSFER OF RECORDS TO ARCHIVES FORM

Name of Transferring Office					
Name of person preparing shipment					
Contact Information	Email:		Phone		
Date of Transfer		RDA #		# of Boxes	
Do any of the records contain confidential information?	Yes ____ No ____				
	If yes, which boxes?				
Title of Records					
Date Span of Records					
What format are the records?	____ Paper	____ Electronic		____ Other:	
Records Description					
Arrangement of Records		Alphabetical		Chronological	Other:
Anything else you think we should know?					

FOR ARCHIVES USE ONLY

Accession #	
Date Received	
Received By	
Location	
Comments	