



**College of the Archives and Special Collections
Records Transfer and Inventory**

Office Information

Name of transferring office: _____

Records Information

Description of materials being transferred (attach separate listing if more space is needed):

Date Span: _____

Number of boxes: _____

Do these materials contain:

- Information relating to Personnel matters
- Information relating to student academic performance
- Medical information
- Financial information

Materials not added to the collection should be

- Returned.
- Allow the Archives to dispose of materials at their discretion.

How are these materials organized?

- Chronologically
- Alphabetically
- By topic
- By creator
- Not organized in any discernable way
- Other, please explain: _____

Name of person transferring materials: _____

Position/Title of person transferring materials: _____

Archivist Signature: _____ Date: _____

Accession Number: _____