

Records Transmittal Form

Instructions

When scheduling a transfer of records from your office to the archives, please fill out the following information. This information allows the archive staff to verify the complete delivery of all records and acts as a formal acceptance of custody of the records from your office. The university archivist will return a signed copy of the form to your office upon verification of the delivered contents. Please review the instructions provided on our website (http://www1.indstate.edu/archives/records_management/RecordTransmittal.html) regarding the packing and labeling of boxes. Contact the archives office at 237-8435 with any questions.

Department/Office

Department/Office Name: _____

Building and Office Number: _____

Contact Information

Name: _____ Phone: _____

E-Mail: _____

Signature: _____ Date: _____

Transferred Records

Number of Boxes: _____

Date of Oldest Record: _____ Date of Newest Record: _____

Description/Series:

Destroy Date: _____

Are any of the materials confidential and/or restricted? Yes No

If yes, what is the nature of the confidentiality and/or restriction?

I acknowledge receipt of the above transferred records. The records will be stored in the archives according to archive policies and the records' proscribed retention schedule(s). According to the University Handbook, the office of origination may recall on temporary loan records created from their office and the records will be made available with notice with the university archivist.

 University Archivist

 Date