



Records Transmittal/Inventory

Note: Completion of this form is required prior to transfer of records to the College Archives. A completed form MUST accompany records to be transmitted and should also be emailed to the archivist. PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR FILES. Contact the Archives (Ext.6202) for assistance.

1.) *Name of Transmitting Office:* _____

2.) *Address of Transmitting Office:* _____

3.) *Person Preparing Shipment:* _____

4.) *Phone/Ext.:* _____ 5.) *Date of Transmittal:* _____

6.) *Volume of Records (Cu. Ft.):* _____

7.) *Title/Date of Records:* _____

8.) *Restrictions (if records are confidential, indicate access restriction):*

9.) *Other Comments or Conditions (e.g., storage medium other than paper):*

10.) Records Description *(use additional sheets of paper if necessary):*

Box No.	Contents (By Folder if Applicable)

For Archives Use Only

Accession #: _____	Suggested Series: _____
Condition of Records: P <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/>	Date Received: _____
Received By: _____	
Location: _____	
Comments: _____	