

RECORDS TRANSMITTAL FORM

Instructions:

This form is to be used by departments or units with approved Record Disposition Authorizations (RDA's) who are scheduled to transfer records either to the Record Center or to Archives.

If your department requires a record of the transfer, prepare three copies of this form for each record series to be transferred. Retain one copy until a completed copy is returned to you. Keep this for use in referencing stored records.

CD-Read only accepted for non-archival material.

CD-Read only must be submitted in a jewel case for labeling.

Submit two copies of this form with each box or CD-Read only.

For Record Center Use Only:

REVIEW DATE: _____

For Destruction For Archives

Box _____ CD-Read Only

For Archives Use Only:

Accession No. _____

Box _____ of _____

Series No. _____

Comments: _____

| This portion to be completed by the transferring office | | | | |
|--|---------------------------------|----------------------------|------------------------------------|---|
| Department: | | Name of sender: | | |
| | | Phone number: | | |
| To: Record Center | Are these records confidential? | Today's date: | | |
| Archives | Yes No | | | |
| Records Description | | | | |
| RDA No. | Item number from RDA | Descriptive title from RDA | Dates represented in this transfer | Record Center Locator No. (Leave Blank) |
| | | | | |

Note: List all folder headings on the back of this form for your departmental use.

Approval for Destruction (For Record Center Use Only)

| | | | |
|---|---------------------|-------|----------------------|
| Department/Unit Head Signature: | | Date: | |
| Record Center Representative Signature: | | Date: | Archivist's Initial: |
| Date Destroyed: | Destruction Method: | | Destroyed by: |