University Archives Transfer Form

Originating office: ________________________________ Date of transfer: ____________

Contact person: ________________________________ Extension: __________________

Dates covered by material: __________________________ Box #: _______________________

Brief description of material: ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Confidential material  Y  N  If Y, describe: ________________________________
________________________________________________________________________
________________________________________________________________________

I hereby transfer custody of the described records to the University Archives. I understand that the Archivist has the right to dispose of any unwanted material. Unless the confidential nature of the records is described above, the records can be examined by the public without restriction.

_________________________ ____________________________
Signature person transferring records  Date

_________________________
Name of person transferring records

ARCHIVES USE:
Receipt of the above described material by and on behalf of the Salve Regina University Archives is acknowledged.

_________________________
University Archives representative  Date

_________________________
Location  Accession #