

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 #