

SUA Archives Records Transfer Form

For records transfer the the SUA Archives, please fill out this form to the best of your ability and obtain the necessary authorization signature from your department head.

Name of records group being transferred		Originating Department
Contact person:	Office Location/Address	Telephone and Email
Description of Material Transferred		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		
Quantity, estimated: _____ Dates covered: _____ Type of materials: _____ (i.e. documents, correspondence, meeting minutes, video, CD, photos, etc.)		
Disposition of Unwanted Materials In the event that materials do not meet the scope of SUA Archives, please indicate your preference: <input type="checkbox"/> Dispose of as you wish <input type="checkbox"/> Return to: _____ <input type="checkbox"/> Other _____	Restrictions (i.e. statutory requirements of official records; staff access only; etc.) <div style="border: 1px solid black; width: 100%; height: 40px;"></div> Any known copyrights? <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Any attachments? <input type="checkbox"/> None <input type="checkbox"/> Preliminary Inventory or Data Sheets <input type="checkbox"/> Release forms <input type="checkbox"/> Others: _____ <input type="checkbox"/> Donor agreements		
Transferred by: (print and sign name) _____		Date:
Authorized by: (name and signature of department head) _____		Date:
Received by: (print and sign name) _____		Date:

Archives use only

Location:

Accession Number: _____

Date received: _____