



# Washington University in St. Louis

## UNIVERSITY LIBRARIES

*Department of Special Collections  
University Archives*

### RECORDS TRANSFER FORM

This Records Transfer Form documents the transfer of material from the university office/department to University Archives. Upon receipt of these records University Archives accepts complete physical custody of the records and agrees to store, preserve, maintain, describe, and provide access to them. Please contact University Archives at (314) 935-9730 if you have any questions.

**Name of Office/Department Transferring Records:**

**Name of Person Submitting Form:**

**Position Title:**

**Email Address:**

**Phone:**

**Campus Box:**

**Building and Room Number:**

**Brief Description of Records:**

In the space below **briefly** summarize the materials being transferred. **\*\*\*NOTE: On page two of this form you will compile a more detailed list with descriptions of the records being transferred. \*\*\***

**Date Range (YYYY-YYYY):**

**Number of Boxes:**

**Amount of Digital Material:**

**Does this material contain any confidential or restricted records?**    **No**  
**Yes**

**\*\*\*If yes please contact University Archives at (314) 935-9730\*\*\***

**Signature of Person Submitting Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### University Archives Use

Received by (signature/title):	Accession #:
Date Records Received/FY:	Collection ID:
Restrictions:	Entered into System by (initial):

