



## RECORDS CENTER TRANSMITTAL FORM

Complete this form to transfer University Records for storage at the [Inactive Records Center](#). Review the [University's Records Retention Schedules](#) to ensure compliance with records organization, retention, and disposition requirements.

<b>Department Name:</b>			<b>Department Address:</b>			
<b>Budget Number:</b>		<b>Fund Number:</b>		<b>Project Number:</b>		
Records Series	Box Number: Current Year-Number	Box Name: Description of Records	Date of Records	Disposition Date:	Records Center Location	IRC Box Number
<i>i.e.; Academic Advisor's Files</i>	<i>i.e.; 2018-1</i>	<i>i.e.; Abbot-Hill Graduated 2018</i>	<i>i.e.; 2014-2018</i>	<i>i.e.; 06/2021</i>	<i>(Records Center Use Only)</i>	
<b>Department Contact Name:</b>			<b>Records Center Staff Name:</b>			
<b>Signature:</b>		<b>Date:</b>	<b>Signature:</b>		<b>Date:</b>	