

**Slippery Rock University Archives
RECORDS TRANSFER FORM**

Today's Date _____

page ____ *of* ____

Department _____

Campus Address _____

Contact Person:

Name & Title _____

Phone _____ E-mail _____

Name of person who maintained/created the records _____

Please assign a **brief descriptive title** for records _____

Quantity of material (number of boxes/files, etc.) _____

Type(s) of materials (check all that apply):

Files/paper _____ sound recordings (format) _____ video recordings _____

Computer files (format) _____ Photographs _____ Maps/drawings _____

Other (please describe) _____

Arrangement (alphabetical, by date, subject, other) _____

Dates covered _____

If there is **restricted/confidential material** included, please describe:

Description of the material (summary of contents, function of records in originating office, etc.) Attach a separate sheet if needed.

To be completed by the Archivist or Archives Technician:

Received by _____ Date _____