UNIVERSITY ARCHIVES

TRANSFER INVENTORY FORM

Please complete all sections EXCEPT those marked in blue, the archivist will complete these and return a copy for your records.

PLEASE RETURN ELECTRONICALLY

TRANSFER NUMBER:

COLLEGE/DEPARTMENT/UNIT:

**Original** FACULTY/DEPARTMENT/UNIT (where documents were created):

CONTACT PERSON:

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| Box No. | Offsite Box No. | Contents | Date Range | Disposal |
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