

**Slippery Rock University Archives  
RECORDS TRANSFER FORM**

Today's Date \_\_\_\_\_ *number of page attached:* \_\_\_\_\_

Department/Administrative Unit \_\_\_\_\_

Campus Address \_\_\_\_\_

**Contact Person in Office of Origination:**

Name & Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Name of person who maintained/created the records:** \_\_\_\_\_

**Brief biographical/employment information about the person who created the records (as appropriate).** *Attach a separate sheet if needed.*

\_\_\_\_\_

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.* \_\_\_\_\_

\_\_\_\_\_

**I have read the Records Transfer Guidelines and understand that these materials may/may not be added to the University Archives for the reasons explained therein.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*To be completed by the Archivist or Archives Technician:*

Received by \_\_\_\_\_ Date \_\_\_\_\_