University Archives Transmittal/Inventory Form

Date: 
Transferring Office: 
Contact Person: 
Address: 
Phone Number: 
Email: 

Records Information
Title of records: ________________________________
Date span: ____________________________________
Number of boxes: ______________________________

Records Confidentiality
Are these records confidential? Yes ~ No ~
If confidential, please list statute, code, or university regulation restricting records:

Release of Records

I hereby transfer the custody of the described records to the University Archives. I understand the University Archives has the right to discard unwanted materials. Unless the confidential nature of the records is indicated above, the records can be examined by the public without restriction.

Signature of university representative ____________________ Date ________________

Signature of University Archivist __________________________ Date ________________

Please sign the form and include in the first box of the shipment.
**Comments** (include any additional information about the records that will be helpful in understanding their content.)

**Inventory of Records**

<table>
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<tr>
<th>Box</th>
<th>Folder/item number</th>
<th>Contents</th>
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**Records Destruction Notification**

IUPUI University Archives must notify the transferring office before discarding any of these records. Yes ~ No ~

(revised 06/98)