

IUPUI University Library
Ruth Lilly Special Collections and Archives
UL 0133
(317) 274-0464
<http://www.ulib.iupui.edu/special/>

University Archives Use Only Accession Number:
--

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.

