

Records Transfer Form

Thank you for transferring your records to the University Archives. Please consult with Special Collections and Archives prior to transfer by contacting specoll.techserv@unlv.edu.

Date: _____

Office Information

Name of Unit Transferring Records: _____

Contact Person: _____

Telephone: _____ Email: _____

Records Information

Description of Materials: _____

Date Span: _____

Number of Boxes: _____

Has office transferred records before? Yes No Don't know

Restrictions (of any) and reason for restriction: _____

Separated material should be: Returned Destroyed Contact the Department

Unit Signature: _____ Date: _____

University Archives Signature: _____ Date: _____