



University Archives

IDAHO STATE UNIVERSITY - Records and Information Management Program
Approval to Transfer Records to University Archives Page ____ of ____

Purpose of this form:

1. This form documents department manager approval of the removal of files/record materials from departmental storage, as well as their placement in the University Archives.
 2. It should list the (a) total number of boxes being transferred, along with (b) a general description of the contents, (c) the date range of the records enclosed.
- Each box transferred *must* have a detailed contents list enclosed, representing the folders or items therein (please see Box Contents form).

Boxes will not be accepted without both Contents forms and a manager's signature on this Transfer form.

Please print all information legibly

Records Coordinator/Dept. Contact
Name:

Email:

Phone:

College or Division:

Department Name:

Department Address – Mail Stop :

Records Transferred from: Main Campus Idaho Falls Boise Center *(Check all that apply)*

Total # of Boxes being transferred: _____

Box #	General Description of Contents: (ex: Correspondence, Publications, etc.)

Required Signature

Attention Manager: Your signature indicates recognition that these records are leaving your department's active files. It also authorizes the transfer of these records to University Archives upon review and acceptance by the University Archivist.

Dept. Manager Name, printed:

Manager Signature, with date:

University Archivist, printed:
Karen Kearns

University Archivist, with date, accepting Transfer

