

# Records Transfer Form

<b>Name of Transferring Department/Entity:</b>		
<b>Restriction to Use or Access:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:	<b>Media Format (Please check all that apply):</b> <input type="checkbox"/> Paper <input type="checkbox"/> Microfiche <input type="checkbox"/> CD/DVD <input type="checkbox"/> Microfilm  <input type="checkbox"/> Other: _____	<b>Alphabet Range:</b>  From: _____  To: _____
<b>Box Contents:</b>		<b>Year of Contents:</b>  From: _____  To: _____
Box _____ of _____	<b>Special Notes:</b>	
<b>Person Transferring Records:</b>	<b>Ext:</b>	<b>Email:</b>
<b>Signature:</b>		<b>Date:</b>
<b>FOR OFFICE USE ONLY</b>		
<input type="checkbox"/> Scan <input type="checkbox"/> Vital Records <input type="checkbox"/> Confidential	<b>Storage Location:</b> <input type="checkbox"/> Vault <input type="checkbox"/> Warehouse <input type="checkbox"/> Other _____	
<b>Transfer Received By:</b>		<b>Date Received:</b>
<b>Retention Status:</b>	<b>Box #:</b>	<b>Accession #:</b>
<b>Scanned By:</b>		

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## INSTRUCTIONS & GUIDELINES

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- No hanging folders
- Loose papers must be in labeled manila folders
- Lay completed form inside the box on top of records
- Do not mark the outside of the box