



Permanent Records Transfer Request

Records and Information Management
Schlachter University Archives
106B Steely Library
Highland Heights, Ky
859-572-5742

Division: _____ Department: _____ Bldg/Room: _____
Prepared by: _____ Email: _____ Phone: _____

Box #	Series # (From State University Records Schedule)	Title of Record (As shown on State University Records Schedule , may add additional brief description)	Date Span		Format (Paper, Electronic, CD, DVD, Tape)	Volume		Restrictions (Privacy, Closed or Confidential)
			Start mm/yyyy	End mm/yyyy				

TRANSFER APPROVALS

Note: Records and Information Manager or University Archivist must approve transfers **prior** to physical delivery. Questions? Please contact x5742.

Requestor (Print) _____ **Signature** _____ **Date** _____

University Records Officer Vicki Cooper or Kami McDaniel **Signature** _____ **Date** _____

Department Use Only	Accession #:	Accession Date:	Box # (s):
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