



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

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 _____

Archives and Records Manager Vicki Cooper _____ Signature _____ Date _____

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