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Acc# Date [Archives use only]



University Archives
Seidman House
616 • 331 • 8726

TRANSFER OF RECORDS TO UNIVERSITY ARCHIVES

Transferring Office: _____

Address: _____

Contact person: _____

Telephone(s): _____

Email: _____

Name/title of person responsible for creating files if known:

Description of Materials being transferred:

Number of boxes: _____

Title and function (Dean's administrative files, Theater Dept. videos of performances, 1980-1990):
(include a list of the contents of each box if possible and email a digital list to collections@gvsu.edu)
If cds, dvds, or other media are included complete information on the back.

Other identifying information:

Date span: _____

Restrictions (if any): _____

Circle one: Ongoing series

 Obsolete (no longer created)

 One-time project/event

Signature: _____ *Date:* _____

[Please place this form in the first box of the shipment and keep a copy for your records]

