



Gustavus Adolphus College

Gustavus Records Center

Records Transfer Form

Unit transferring records (office or dept.):			
Contact Name:		Phone:	
E-mail:		Office Location:	
Page(s) _____ of _____	Date:	# of Boxes Transferred:	
Box Title & Description from Records Retention Schedule— <i>Please add pages as necessary.</i>	Records Dates From – To	Destruction Year	<i>Records Center Use Only</i> Barcode
<ol style="list-style-type: none">1. Contact Gustavus Records Center Coordinator, archives@gustavus.edu or x7554, to arrange courier service. Do not send materials to the archives.2. User keeps 1 copy of form.3. 1 copy of form e-mailed to Records Center Coordinator or printed and sent with materials.			
Records Center Use Only			
Received by: _____ Date: _____			
Accession#: RC-_____ Size: _____			