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| --- |
| **Transferring Office** |
| Division / Department Name: |  |
| Address:  |  |
| Contact Person: |  | Title: |  |
| Phone:  |  | E-mail:  |   |
| I hereby authorize the transfer of the following records to the University Archives at Texas State University. I certify the records are inactive and understand upon transfer they become part of the University Archives’ collections and must be accessed in the University Archives reading room.  |
| Signature of Records Administrator:  | Date: |
| Printed Name and Title (if different from above):  |  |
|  |  |
| **Description of Records**  |
| General Description (Record types/subjects/formats) and inventory of each box: |
| Dates Covered:  |  |
| Extent Transferred (how many boxes?):  |  |
| Number and Type of Boxes or Items:  |   |
| Accrual information:  |  |
| Any restrictions?  |  |
| ARCHIVES USE | Date Received:  |  | Received By: |  |
| Accession Number:  |  |