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RECORDS TRANSFER FORM

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Name of Office/Department Transferring Records:

Name of Person Submitting Form:

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Brief Description of Records:

In the space below **briefly** summarize the materials being transferred. *****NOTE: On page two of this form you will compile a more detailed list with descriptions of the records being transferred. *****

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Does this material contain any confidential or restricted records? **No**
Yes

*****If yes please contact University Archives at (314) 935-9730*****

Signature of Person Submitting Form: _____ **Date:** _____

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