**UNIVERSITY OF ALASKA ANCHORAGE**

 **UNIVERSITY ARCHIVES**

**Records Transfer Form**

**Archives phone 6-1849**

Department or Office: University office name.

Location of Office: Building and physical street address.

Description of Records to be transferred to Archives:

 Include description of office functions, activities, events or subjects documented in the records. Include record type such as subject files, grant files, correspondence files, etc. Please note creator of records if different from above office.

[ ] A box or box/folder listing is attached.

[ ] An administrative history or description of the functions of the creating office is attached.

Records media:

 e.g. electronic on cd-rom, dvd, thumb drives, photographs, audiocassettes, paper.

Inclusive Dates: Date span of records to be transferred.

Quantity: Number of boxes.

Restrictions (if any): Please identify legal source of the restriction. Please also confirm transfer of restricted records prior to delivery to Archives.

Employee completing form:

NameClick here to enter text.

TitleClick here to enter text.

Email addressClick here to enter text.

Signature

Department Chairman or Director:

NameClick here to enter text.

TitleClick here to enter text.

Email addressClick here to enter text.

Signature

Date: Click here to enter a date.

**Last steps:**

Return completed paper form through intercampus mail to: Archives & Special Collections, Consortium Library or via email to archives@uaa.alaska.edu. An archivist will contact you to make an appointment to provide you with appropriate boxes for records to be transferred to the Archives and for delivery of records to the Archives.