



Clayton State University Library Archives  
Record Transfer Form

<b>Date:</b>		<b>Accession Number:</b>	
<b>Transmitting Office:</b> What office is sending these materials to the Archives?			
<b>Transmitting Office Contact:</b> Name and Phone Extension			
<b>Volume:</b> How many boxes, envelopes, folders, books, etc.?			
<b>Description:</b> Creator of materials, inclusive dates (earliest to latest), subject matter types of materials/documents			
<b>Restrictions:</b> Closed until a certain date? Closed to some researchers: Contains personal information such as social security number.			
<b>Temporary Archives' Location</b>			

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Transferring Office Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Archives' Staff Signature

\_\_\_\_\_

Date

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