

Indiana University South Bend Schurz Library Archives

Campus Archives Transmittal/Inventory Form

Date:
Transferring Office:
Contact Person:
Campus Address:
Phone Number:
Email:

Records Information

Creating office: _____

Date span: _____

Number of boxes: _____

Accession number: _____

Transfer Authorization

Signature of person authorizing transfer: _____

Inventory of Records

Provide an inventory to the Records, which will include the box number and folder title *with* dates. Create this document in Microsoft Word or plain text (*please do not use tabs*) and transfer to the Archives on a disk.

Example of a partial Inventory:

Box 1

Academic Program and Policy Committee, 1972-75

Admissions, 1975-79

Affirmative Action, 1971-74

Arts and Sciences, 1978-79