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