

Dartmouth College Records Management

# Box Transfer

PREPARED BY:  
(full name)

PHONE:

DATE:

**Instructions:** Please complete this form for each box sent to Records Management. **ALL ITEMS in Sections 1-3 are required.** Section 4 is to be completed only for new record series, never before sent to Records Management, and requires the signature of the Records Custodian. Place a completed form in each box, under the lid, on top of box contents. Keep a copy of this form for your records. Blitz *Records Management* to have records picked up. **Contact Records Management with any questions: ext. 6-1875.**

**1: INFORMATION ABOUT YOUR DEPARTMENT – COMPLETION OF ALL ITEMS REQUIRED**

Four-digit Department Number available from the Records Retention Schedule, or by calling Records Management at ext. 6-1875.

DEPARTMENT NO.: \_\_\_\_\_ DEPARTMENT NAME: \_\_\_\_\_

**2: INFORMATION ABOUT THIS SERIES (TYPE OF RECORD) – COMPLETION OF ALL ITEMS REQUIRED**

Four-digit Series Number available from the Records Retention Schedule, or by calling Records Management at ext. 6-1875.

**IMPORTANT: If this is a new type of record, which Records Management has never received before, write "NEW" for Series Number, and complete Section 4 below.**

SERIES NO.: \_\_\_\_\_ SERIES NAME: \_\_\_\_\_

**3: INFORMATION ABOUT THIS BOX – COMPLETION OF ALL ITEMS REQUIRED**

BOX NUMBER: \_\_\_\_\_ OF: \_\_\_\_\_ (example: Box 1 of 7)

FIRST DATE of material in this box: \_\_\_\_/\_\_\_\_/\_\_\_\_ LAST DATE of material in this box: \_\_\_\_/\_\_\_\_/\_\_\_\_

DESCRIPTION OF BOX CONTENTS (i.e., alphabetic ranges, set title, or other descriptive information) (example: "A - L"):

\_\_\_\_\_  
\_\_\_\_\_

**4: NEW SERIES INFORMATION - COMPLETION REQUIRED ONLY FOR NEW RECORDS SERIES**

*NOTE: This information need only be completed for the first box of a multi-box set.*

Retention Period in years: \_\_\_\_\_ Check here if material is filed by Dartmouth Class year:

Disposition Method:  Shred  Recycle  Archives  
 Other (describe): \_\_\_\_\_

Current Format:  Paper  Computer Print Out  Magnetic Media  
 Microfilm  Other (describe): \_\_\_\_\_

Record Organization:  Alphabetic  Chronologic  Numeric  
 Other (describe): \_\_\_\_\_

Include a short description of this Record Series (one sentence): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records Custodian (REQUIRED FOR NEW SERIES): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*OPTIONAL: FILE LISTING - If available, please attach to this form a list of files included in this box.*

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS**