

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 Return
 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): _____

Signed Approval of Records Custodian (REQUIRED): _____

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