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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Transferring Office** | | | | | | | | | | | | |
| Division / Department Name: | | | | |  | | | | | | | |
| Address: | |  | | | | | | | | | | |
| Contact Person: | | | |  | | | | | Title: | |  | |
| Phone: | |  | | | | | | | E-mail: | |  | |
| I hereby authorize the transfer of the following records to the University Archives at Texas State University. I certify the records are inactive and understand upon transfer they become part of the University Archives’ collections and must be accessed in the University Archives reading room. | | | | | | | | | | | | |
| Signature of Records Administrator: | | | | | | Date: | | | | | | |
| Printed Name and Title  (if different from above): | | | | | | |  | | | | | |
|  |  | | | | | | | | | | | |
| **Description of Records** | | | | | | | | | | | | |
| General Description (Record types/subjects/formats) and inventory of each box: | | | | | | | | | | | | |
| Dates Covered: | | | | | | |  | | | | | |
| Extent Transferred (how many boxes?): | | | | | | |  | | | | | |
| Number and Type of Boxes or Items: | | | | | | |  | | | | | |
| Accrual information: | | | | | | |  | | | | | |
| Any restrictions? | | | | | | |  | | | | | |
| ARCHIVES USE | | | Date Received: | | | | |  | | Received By: | |  |
| Accession Number: | | | | |  | | | | |