

Troy University Archives

Records Transmittal Form

Department or Office:	Date:
Name of Individual Transferring Records:	Position Title:
Campus Location (City, State, Building Name, and Office Number):	
Phone Number:	Email Address:
Confidential Records? If yes, explain and note if names or social security numbers are included.	
Date Span of Records (MO/YYYY-MO/YYYY):	Are All Items Organized and Labelled?
Number of Boxes or Folders:	
Signature of Receiving Archivist (or Staff Member):	Accession Number:
Signature of Individual Transferring Records:	
Description of Materials (note in this section if additional pages are attached):	