

**St. Catherine University Library  
Archives and Special Collections  
Transfer of University Records**



<i>FOR ARCHIVES USE ONLY</i>	
Date:	Accession number:
RG number:	

Prepared by (full name):

Date:

Phone:

Email:

**Information About Your Department**

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Department Name:

Records Creator (department if different, office, or person):

**Information About the Box(es)**

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Number of boxes:

Date span of contents:

Brief description of records (types of documents, descriptive information, how organized, etc.):

Do the records contain confidential information?

Yes

No

Which boxes have the confidential information?

Indicate all that apply:

Social Security numbers

Student academic performance

Evaluation and discipline

Student financial

Medical

Other:

**Terms of Transfer:**

1. Records become the property of the University Archives upon transfer.
2. The University Archives has the right to dispose of records it determines to have no long-term value.  
If you wish to have unwanted records returned to your department, initial here \_\_\_\_\_

I understand the terms and conditions outlined above and transfer the specified material to the St. Catherine University Archives and Special Collections.

Signature:

Date:

University Archivist's Signature:

Date:

