

Georgia State University Archives
Request for Transfer of University Records to Archives

Office of Origin:

Location:

Telephone:

Brief description of records to be transferred to Archives:

[example: Correspondence Files, 1977-1987]

Total volume (number of boxes):

Destruction Date (retention period):

Restrictions and comments:

Name of authorized office representative: _____

Position: _____ Signature: _____

Date: _____

For Archives Use:

Signature of University Archivist: _____ Date: _____

Director's Initials: _____ Date: _____

Date of Transfer: _____