RECORDS TRANSMITTAL FORM

FOR ARCHIVES USE

Accession no.: ____________________ Location: ____________________ CU-________
Extent: ____________________ Records Schedule no.: ____________________
Archives staff: ____________________ Dean/Director of unit: ____________________

CAMPUS UNIT: ____________________________________________________________________

UNIT RECORDS MANAGER: ____________________________________________________________________

POSITION TITLE: ____________________________________________________________________

TELEPHONE NUMBER: ________________ DATE OF TRANSMITTAL: ________________

E-MAIL ADDRESS: ____________________________________________________________________

NUMBER OF CARTONS: ________________ DATE SPAN COVERED: ________________

CONFIDENTIAL RECORDS: Note this status, as appropriate, next to files on the carton listing.

I certify that I am authorized to transfer these records to the University Archives, University of California, Berkeley, and that the list provided is accurate.

SIGNATURE: ____________________________________________________________________

Complete this form and attach a carton-level listing, indicating what files/folders are being transferred. Please also send an electronic version of the list to uarc@library.berkeley.edu.

2/14/2006