



Minnesota State University, Mankato

University Records Center Box Inventory and Transfer List

Unit transferring records (office or dept.):			
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Contact Name:	Phone:
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E-mail:	Office Location:	Mail Code:
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Page ____ of ____	Date	# of Boxes Transferred:
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Box Title & Description from Records Retention Schedule— Please use additional pages as necessary.	Records Dates	Destruction	<i>Records Center Use Only</i>
	From – To	Year	Barcode

1. Contact Records Coordinator, archives@mnsu.edu or 1964, to arrange courier service.
2. Make 2 Copies of Form
3. Copy 1 to Records Coordinator.
4. Copy 2 Retained by User.

Records Center Use Only
 Received
 by: _____ Date: _____
 # of Boxes: _____ Accession #: _____