

**VANDERBILT UNIVERSITY ARCHIVES**  
**Records Transfer Form**  
Phone 2-2807

Department or Office:

Location of Office:

Description of Records to be transferred to Archives:

Inclusive Dates:

Quantity (Number of Boxes):

Restrictions (if any):

Name & Title of Department Chairman or Director:

Signature of Department Chairman or Director:

Date:

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***SECTION BELOW TO BE COMPLETED BY ARCHIVES STAFF***

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Signature of Archivist:

Date Received:

Record Group Number:

Record Group Name:

Box Numbers (New):

Inventory: YES  NO

Database: YES  NO

(Return completed form to: Special Collections, General Library Building)