

THE UNIVERSITY OF ALABAMA  
University Archives

Request for Records Transfer

Office and Contact Information			
Office		Division	
Building		Room	
Contact Name		Telephone	
Email		Date	
Records Information			
Record Series Title			
Retention Period			
Inclusive Dates			
Number of Boxes			
Accession Information (to be filled out by University Archives)			
Record Group		Accession No.	
Restrictions		Transfer Date	
Temp Loc			

Sender Signature: \_\_\_\_\_

Receiver Signature: \_\_\_\_\_

