



University Library
Special Collections & Archives

Records Transfer Authorization

College: _____

Department: _____

Name: _____ Extension: _____

Email address: _____

Description	Date Span	Quantity / Volume

Restrictions

No Restrictions

Statutory*: _____

University Imposed: _____

Box List Attached

Yes No

I hereby authorize the transfer of the described inactive records to the University Library.

Head of College, Department, or Administrative Unit Date

Staff Use Only

Rev'd by: _____ Date: _____ Acc. No.: _____

* Statutory restrictions are those which are imposed by Federal or California laws.