Records Transfer Authorization

College: _____________________________________________________________________
Department: __________________________________________________________________
Name: ___________________________________________ Extension: ______________
Email address: _____________________________________________

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<tr>
<th>Description</th>
<th>Date Span</th>
<th>Quantity / Volume</th>
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Restrictions

- No Restrictions

- Statutory*: ______________________________________________________________

- University Imposed: ______________________________________________________

Box List Attached

- Yes  - No

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

Head of College, Department, or Administrative Unit ___________________________ Date __________

Staff Use Only

Rcv’d by: ______________________________ Date: ______________ Acc. No.: ____________

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