



University Archives  
 Stewart Library, MC 2901  
 Weber State University  
 Ogden, UT 84408

# Archives Transfer Form

Please complete this form, sign at the bottom, and complete a *Transfer Box Inventory* form for each individual box or item. Don't forget to number the boxes or items. Please place this form in the first box, on top of the contents.

		<b>ACCN # (ARCHIVES USE ONLY)</b>
<b>NAME OF TRANSFERRING DEPARTMENT OR INDIVIDUAL</b>		
<b>CONTACT NAME</b>		<b>CONTACT EMAIL / PHONE</b>
<b>NUMBER OF BOXES OR ITEMS</b>		
<b>BRIEF DESCRIPTION OF MATERIAL BEING TRANSFERRED</b>		<b>DATE RANGES</b>
<b>RESTRICTIONS (PLEASE DESCRIBE ANY CONFIDENTIAL INFORMATION IN THE MATERIAL)</b>		
<b>SIGNATURE OF TRANSFERRING PARTY</b>		<b>DATE</b>
<b>SIGNATURE OF ARCHIVIST</b>		<b>DATE</b>