APPENDIX:

Appendix A.

Oakland University Kresge Library
Archives Department
Rm.129 K.L.
(248)370-2419
Contacts:  Linda Hildebrand [hildebra@oakland.edu]
Shirley Paquette [paquette@oakland.edu]

University Archives Transmittal / Inventory Form

Date: ________________________________
Transferring Office: ________________________________
Contact Person: ________________________________
Address: ________________________________
Phone Number: ________________________________
Email: ________________________________

Records Information

Title of records: ______________________________________________________

Date span: ___________________________________________________________________________

Number of boxes ________________________________

Records Confidentiality

Are these records confidential? Yes _____ No _____
If confidential, please list statute, code, or university regulation restricting records:

____________________________________________________

Release of Records

I hereby transfer the custody of the described records to the University Archives. I understand the University Archives has the right to discard unwanted materials. Unless the confidential nature of the records is indicated above, the records can be examined by the public without restriction.

____________________________________________________
Signature of University representative  ________________________________  Date

____________________________________________________
Signature of University Archivist  ________________________________  Date

Please sign the form and include in the first box of the shipment.
Inventory of Records

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Comments (include any additional information about the records that will be helpful in understanding their content)

Records Destruction Notification

University Archives must notify the transferring office before discarding any of these records. Yes ________  No ________