

Records Management
RECORDS TRANSFER REQUEST



Department number and name	Office Address	Number of Boxes
Telephone	Email address and name (no students)	
Fax		

Special Notes:	Date received in Records Center:
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Box #	Basic description of contents with DATES. Consecutive box numbers.	<i>CU Retention Schedule #</i>	<i>RC location #</i>

Scan and email completed form to lib_recmgmt-l@clemson.edu (or FAX to 656-0819)