Records Management RECORDS TRANSFER REQUEST



Department number and name		Office Address		Number of Boxes
Telephone		Email address and name (n	Email address and name (no students)	
Fax		-		
Special Notes:			Date received in Records Center:	
		<i>C</i> 1 1		
Box #	Basic description of contents with DATES. Consecutive box numbers.		CU Retention Schedule #	RC location #

Scan and email completed form to recmgmt@clemson.edu