

ST. CLOUD STATE UNIVERSITY ARCHIVES AND SPECIAL COLLECTIONS

Transfer of University Records

FOR ARCHIVES USE ONLY

Date:

Accession number:

FOR TRANSFERRING OFFICE

Transferring Office:	Contact Person:
Building and Room:	Phone and Email:

Creator:	Number of boxes:
Brief description of records:	Date span:

If known, do the records contain confidential information? Yes No	
If yes, circle those that apply:	
Social Security numbers	Student academic performance
Evaluation and discipline	Student financial
Medical	Other:
Which boxes contain the confidential information?	

Terms of Transfer

1. Upon transfer, the records become property of the University Archives.
2. Materials transferred to the University Archives that are not processed will be available to the creating office for reference and limited loans.
3. The St. Cloud State University Archives and Special Collections have the right to dispose of records it determines to have no long-term value.

I understand the terms and conditions outlined above and transfer the specified material to the St. Cloud State University Archives and Special Collections.

Signature: _____ Date: _____

University Archivist's Signature: _____ Date: _____

St. Cloud State University Archives
Transfer Form Instructions

Data Entered by University Archives

1. Date: Enter date that the accession was transferred to University Archives.
2. Accession Number: Enter the next available accession number.

Data Entered by Transferring Office

3. First box

Field	Data
Transferring Office	Name of the office transferring records to Archives
Contact Person	Name of person transferring records to Archives
Building and Room	Location of the office transferring records to Archives
Phone and Email	Contact information for the person transferring records to Archives

4. Second box

Field	Data
Creator	Person responsible for creating the records
Number of boxes	Number of boxes being transferred to Archives
Brief Description of Records	Description of the records themselves, information they contain
Date Span	Years represented in the records (i.e. 1975-1990)

5. Third box

Field	Data
Confidential information	Circle yes or no
If yes, circle...	Circle the categories of confidential information that are contained in the records being transferred to Archives
Which boxes...	The boxes should be numbered – identify which boxes contain the confidential information

6. Please sign and date the form and return to University Archives. Once the University Archives has verified the contents of the accession, the University Archivist will sign the form and return a copy to your office.

ST. CLOUD STATE UNIVERSITY ARCHIVES AND SPECIAL COLLECTIONS
Transfer of University Records (4/2009)

FOR ARCHIVES USE ONLY

Date: 7/1/2008

Accession number: A09-001

FOR TRANSFERRING OFFICE

Transferring Office President's office	Contact Person Sue Prout
Building and Room number AS 200	Phone and Email x 2123 smprou@stcloud.edu

Creator Roy Saigo	Number of boxes 15
Brief description of records Office files dealing with finances, promotion and tenure, students, and buildings	Date Span 2003 - 2004

If known, do the records contain confidential information? Yes No

If yes, circle those that apply:

<input checked="" type="checkbox"/> Social Security numbers	<input type="checkbox"/> Student academic performance
<input checked="" type="checkbox"/> Evaluation and discipline	<input type="checkbox"/> Student financial
<input type="checkbox"/> Medical	<input type="checkbox"/> Other :

Which boxes contain the confidential information? 7, 10, 12

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Signature: Signature Date: 7/1/08

University Archivist's Signature: [Signature] Date: 7/10/08