Records Transfer Form

To: College Archives, FOC #17 010		Today's Date:	Phone:		
From:	Department:	Campus / Room Number:	E-mail:		
	Contact Person:	Schedule Item Number:	Call Number / Date Entered: (College Archives Use Only)		
Special Instructions:		Disposal Date:			
Records and Dates Covered:					

<u>INSTRUCTIONS</u> (see https://www.mccneb.edu/Prospective-Students/Student-Tools-Resources/Records/MCC-Archives.aspx)

- 1. Complete one Records Transfer Form for each box being submitted to the College Archives. If submitting electronic records, complete one form for each USB flash drive. Flash drives and their forms can be sent in campus mail envelopes.
- 2. Include the item number from Retention Schedule 151 or 24 that was used to determine the disposal date of the records.
- 3. Be as specific as possible when describing records and include the dates (months/years) that the records cover. Attach multiple pages to fully list records if necessary.
- 4. Save an electronic copy of this form, and email it to collegearchives@mccneb.edu.
- 5. Print one copy of this form and place it on top of the associated records in the box. Do not tape the form to the box lid.
- 6. Label and address the box to be transferred to College Archives, FOC #17 010.
- 7. Ensure that the lid is secure on the box. Apply tape if necessary to keep the lid secure.
- 8. To initiate the physical transfer of your records to the College Archives, submit a Facilities Work Request Form.

Once your transferred records are entered into the College Archives, you will receive an electronic copy of this form with the Call Number and Date Entered fields completed. Please retain a copy of this updated form for future reference.

DESTRUCTION	When these records are ready for destruction, you will can be destroyed, please sign and date below and return or letter. Your signature attests that no unresolved aud action, or other reasons for delaying disposal exists. If the College Archives at 22675, or collegearchives@m	n this form per the inst its, investigations, lega a change in the dispose	ructions in the accompanying email l proceedings, administrative	
OF RECORDS NOTICE	I hereby approve destruction of the listed records.	I hereby certify	I hereby certify that the records were destroyed.	
	Department Head or Designate Dat	e Archives Coordina	ator or Designate Date	
• , ,	ers, folders, paper/binder clips, and digital storage media	■ Boxes	■ Paper Clips	
C	will be saved from disposal. If your department can ndicate which you want sent to you upon destruction of	Binders	Binder Clips	
/ I	Archives staff will reuse or recycle them.	■ Folders	■ Digital Storage Media	