|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MICHIGAN STATE UNIVERSITY** PAGE 1 OF  **University Archives and Historical Collections Transmittal and Inventory Form**  University Archives and Historical Collections  Conrad Hall, 943 Conrad Road, Room 101  East Lansing, MI 48824 Email: *archives@msu.edu* | | | | |
|  | | | | **FOR ARCHIVES USE** **ONLY** ACCESSION NUMBER |
| *KEEP A COPY OF THIS FORM FOR YOUR RECORDS* | | | |
| 1) DEPARTMENT/UNIT OR DONOR | | | 2) DATE | |
| 3a) HEAD OF UNIT AUTHORIZATION – PRINT NAME | 3b) SIGNATURE | | | |
| 4a) PERSON WITH INFORMATION ABOUT THESE RECORDS | 4b) E-MAIL | | | |
| 4c) CAMPUS MAIL ADDRESS | 4d) PHONE W/ EXTENSION | | | |
| 7) RECORDS TITLE | | | | |
| 8) DESCRIPTION/COMMENTS Restricted: Yes  No | | | | |
| **Analog Records**  Date Range of Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of Boxes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Record Format Types (*check all that apply*):  󠄀󠄀 Documents (paper)  󠄀󠄶 Photographs/Images (prints, slides, negatives, etc.)   * Moving Image (Film, VHS tape, DV tape, etc.) * Audio (cassette tape, reels, etc.) * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Electronic Records**  Date Range of Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Size of Folders/Files (MB or GB): \_\_\_\_\_\_\_\_\_\_\_  Record Format Types (*check all that apply*):   * Text (e.g. reports, minutes, contracts, email) * Images (e.g. jpg, png, tiffs, PDFs) * Video (e.g. How to videos, event recordings) * Audio/Sound recordings (interviews, presentations) * Software/Multimedia (PowerPoint, CAD) * Databases/Data * Websites   File Formats/Extensions (e.g. .doc, .pdf):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transfer Methods (*check all that apply*):   * Media \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Electronic Transfer \_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR ARCHIVES USE ONLY** | | | |
| Record Group/Collection Number: | Location: | Archives Staff Name: |
| Date Accessioned: | Retention Period: | Comments: |
| Date Received: | Assigned Destruction Date: |
| Archives Director Signature: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MICHIGAN STATE UNIVERSITY** PAGE     OF  **University Archives and Historical Collections Records**  **Box/Object Inventory** | | | | | |
|  | | | | **FOR ARCHIVES USE**  ACCESSION NUMBER | |
| *KEEP A COPY OF THIS FORM FOR YOUR RECORDS* | | | |
| 1) DEPARTMENT/UNIT OR DONOR | | | 2) DATE | | |
| BOX / OBJ NO. | FOLDER / FILE NO. | FILE FOLDER TITLE | | | DATES |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
| COMMENTS | | | | | |