Records Management RECORDS TRANSFER REQUEST



Department number and name		Office Address	Office Address	
Telephone		Email address and name (r	Email address and name (no students)	
Fax				
Special Notes:			Date received in Records Center:	
Box #	Basic description of contents with DATES. Consecutive box numbers.		CU Retention Schedule #	RC location #

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