

MICHIGAN STATE UNIVERSITY
University Archives and Historical Collections Transmittal and Inventory Form

PAGE 1 OF

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
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3a) HEAD OF UNIT AUTHORIZATION - PRINT NAME	3b) SIGNATURE
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4a) PERSON WITH INFORMATION ABOUT THESE RECORDS	4b) E-MAIL
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4c) CAMPUS MAIL ADDRESS	4d) PHONE W/ EXTENSION
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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 _____

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Record Group/Collection Number:	Location:	Archives Staff Name:
Date Accessioned:	Retention Period:	Comments:
Date Received:	Assigned Destruction Date:	
Archives Director Signature:		

MICHIGAN STATE UNIVERSITY
University Archives and Historical Collections Records
Box/Object Inventory

FOR ARCHIVES USE _____ ACCESSION NUMBER
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BOX / OBJ NO.	FOLDER / FILE NO.	FILE FOLDER TITLE	DATES

COMMENTS