# **UNIVERSITY COLLEGE CORK**

# **UNIVERSITY ARCHIVES**

# ARCHIVAL TRANSFER FORM

Office/Faculty/Department/Unit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division/Section

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records Retention Schedule records series reference number(s) and brief description of records being transferred:

Covering dates from (D/M/Y) to (D/M/Y)

No & type of records sent (e.g. 28 files, 4 vols.)

No of boxes

Type of box:

Bankers Rahmqvist (yellow) Archive / Acid free (Please circle)

## *Please note only the above box type will be accepted*

Is a list or index included (if transfer not fully described above)? Yes/No

If yes is a copy included with the records (ie, box lists with each box)? Yes/No

Is access by your own officers restricted? Yes/No If yes give details

This form is for records to be kept permanently as archives. Records not to be retained permanently as archives are not generally accepted by the University Archives, except by special arrangement. Please contact the University Archives for further information.

Officer responsible for transfer

Name *(block letters)*

Job Title Tel no

Signature Date

Received by Date