BINGHAMTON UNIVERSITY LIBRARIES
UNIVERSITY ARCHIVES
RECORDS TRANSFER FORM

Name of School or Department:			
Name of Depositor:			
E-mail:			
Phone:	Fax:	Date Sent:	Number of Boxes:
Access Restrictions (if any - please describe nature and length of restriction):			

Box Content Listing or Brief Description of Materials

Box Number	Folder Title	Folder Date(s)

For Archives Use Only		
Date Received in Archives:	Accession Number:	Record Group Number:

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