SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

RECORDS MANAGEMENT ~ CAMPUS BOX 1011

RECORDS TRANSFER FORM

Generating Dept. _____ Date: _____

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RECORD TITLE	BOX NO	CONTENTS	*For Office Use Only*	
			NON-VITAL ACTIVE RECORDS	VITAL RECORDS

DEPT REQUESTING TRANSFER

_____ RECORDS CENTER _____

TITLE _____ DATE

_____

Rev. 02/06