

Permanent/Archival Records Archives Transfer Authorization

Records transferred to the University Archives are in the Archives' custody and become part of the Archives' collections. Original records in the Archives' collections do not circulate. All use of original records must take place on site at the Archives. The Archives may provide copies of original records for office use.

Office Information

Department / Office Name: _____

Address: _____

Contact Person: _____

Telephone: _____ FAX Number: _____

I hereby authorize the transfer of the following records to the Harvard University Archives. I certify that I am authorized to transfer these records to the Archives and that the following list is accurate. I further certify that to the best of my knowledge, all audit requirements have been satisfied and these records are not subject to any current or pending litigation, subpoena, or other legal demand for their retention or disclosure. I understand that this office is responsible for the proper packing of all boxes sent to the Archives, and that the Archives may refuse delivery of improperly packed materials.

Signature of Authorizing Official: _____

Title: _____ Date: _____

Courier Pickup and Delivery Information

Number of Containers/Items Sent: _____

General Records Schedule Numbers*:

Special Schedule Numbers*:

Description of Materials: _____

Years Covered: (for example 1992-1997, 1999)

* see Harvard University General Records Schedule (<http://grs.harvard.edu>) or Special Schedules. Boxes will not be picked up if owner has not assigned them a Schedule number.

- ✓ Please complete a Box List and a Folder/Item List using the forms provided.
- ✓ E-mail lists to archives_transfers@harvard.edu
- ✓ Fax signed cover sheet to 617-495-8011 or scan signed form and email to RMS with the box/folder list.
- ✓ Spell out abbreviations and acronyms.

REVISED 7/9/2012