

## RECORDS TRANSFER FORM

**This form documents the transfer of records to the University Archives within the Special Collections and University Archives (SCUA) at Virginia Tech. The purpose of this transfer is to store, preserve, protect, and provide access to university records in accordance with standard library, archives, or special collection practices as well as state and federal records and privacy laws. Materials not suitable for the University Archives may be appropriately disposed of or returned to the originating office by staff.**

**Learn more information about what records and other materials the University Archives accepts at <https://guides.lib.vt.edu/specialcollections/colpol>**

Description of records (ex: number of boxes, dates, contents):

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**Are these records identified as permanent records in the general schedules for state agencies?:** See [https://www.lva.virginia.gov/agencies/records/sched\\_state/](https://www.lva.virginia.gov/agencies/records/sched_state/).

☐ NO ☐ YES, please specify: \_\_\_\_\_

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If you are unsure, please speak with your designated records officer before transferring.

**Do these records contain any confidential or restricted information?:**

☐ NO ☐ YES ☐ UNSURE    If yes or unsure, please specify: \_\_\_\_\_

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Additional comments: \_\_\_\_\_

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By signing this form, I certify that I am authorized to transfer these materials to the University Archives. I hereby authorize the transfer of the following University Records to the University Archives.

**Authorizing Official for Unit:**

Unit Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date

Name (printed): \_\_\_\_\_

Phone and Email: \_\_\_\_\_

**Authorizing Official for the University Archives:**

Signature: \_\_\_\_\_ Date

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_

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**THIS SECTION IS FOR UNIVERSITY ARCHIVES USE ONLY.**

Acc. #: \_\_\_\_\_ RG #: \_\_\_\_\_

Note to Archivist: \_\_\_\_\_

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