

Kansas State University

Records Transmittal Form

1. Transmitting Office: _____

2. Building & Room: _____

3. Telephone No.: _____

4. Box Number	5. Title of Records (Exactly as listed on Retention and Disposal Schedule)	6. Inclusive Dates of Records in box

(Continue on next page if additional space is needed.)

7. Number of boxes: _____

8. Restrictions on Records: YES _____ NO _____

If yes, explain (reason must comply with Kansas Open Records Act, K.S.A. 45/215-225):

ARCHIVES USE ONLY
Accession No. _____
Record Group _____

9. _____ Date _____
Transmitting Office Representative

SEND SIGNED FORM TO UNIVERSITY ARCHIVES

10. _____ Date _____
University Archives Acknowledgement

