Kansas State University Hale Library, Morse Department of Special Collections

Records Transmittal Form

1.	Transmitta	l Office:				
2.	Building &	Suilding & Room: 3. Phone Number:				
4.	Box Number	5. Title of Records, exactly as listed on the Retention & Dis Schedule	sposition	6. Inclusive Dates of records in box		
	(Conti	nue on next page if additional space is needed.)				
7. Number of boxes:						
8. Restrictions on records? YES NO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						
9.						
			IVES USE ONLY			
(archives@ksu.edu or 506 Hale Library)				lo.:		
10			Record Grou	ıp:		
	LINITATEDE	TY ARCHIVIST OR DESIGNEE DATE				

4. Box	c mber	5. Title of Records, exactly as listed on the <u>Retention & Disposition Schedule</u>	6. Inclusive Dates of records in box